Incomplete

The Journal of The SOUTH CAROLINA *Medical Association*

VOLUME LI APRIL, 1955 NUMBER 4

— Program —

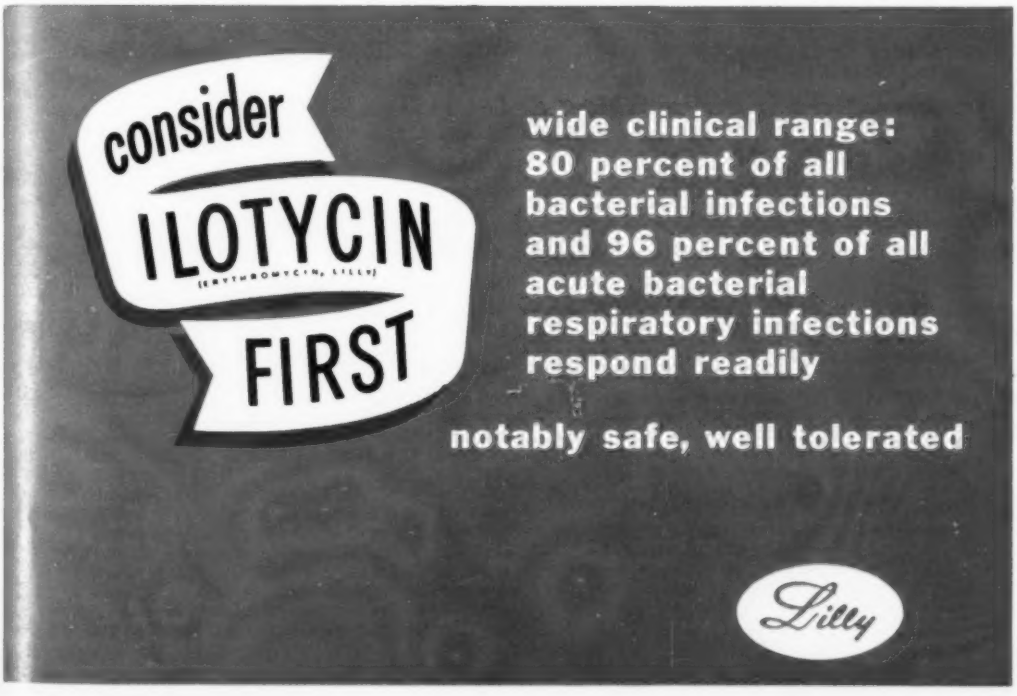
Annual Convention

May 9, 10, 11, 12

Charleston

Medical College Hospital

UNIVERSITY OF MICHIGAN
AUG 7 1957
MEDICAL LIBRARY



know your diuretic

will your cardiac patients be able to continue the diuretic you prescribe

uninterrupted therapy is the key factor in diuretic control of congestive failure. You can prescribe NEOHYDRIN *every day, seven days a week, as needed.*

TABLET

NEOHYDRIN®

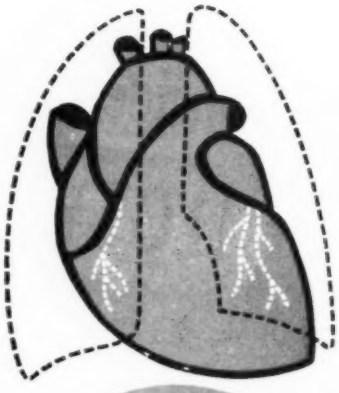
BRAND OF CHLORMERODRIN

(18.3 MG. OF 3-CHLOROMERCURI-2-METHOXY-PROPYLUREA IN EACH TABLET)

no "rest" periods... no refractoriness

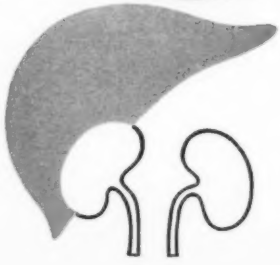
acts only in kidney...

no unwanted enzyme inhibition in other parts of the body.



standard for initial control of severe failure MERCUHYDRIN® SODIUM

BRAND OF MERALLURIDE INJECTION



Leadership in diuretic research

Lakeside LABORATORIES, INC., MILWAUKEE 1, WISCONSIN

The Journal
of the
South Carolina Medical Association

VOLUME LI April, 1955 NUMRER 4

THE DEVELOPMENT OF HOSPITALS IN CHARLESTON, SOUTH CAROLINA

JOSEPH I. WARING, M. D.
Charleston, S. C.

Settled in 1670, the pioneer village of Charleston was for many years without any semblance of a hospital, nor was it tended by well-established physicians. Not until 1707 was there any mention of provision for hospital care of the sick, and then the public concern was primarily with pestilence and isolation. An act of the Commons House stipulated that a brick pest house, 16 by 30 feet in size, be built on Sullivan's Island,[1] and not long afterward this building was erected.[2]

Soon after this time a general hospital of a sort was in operation, though there is little record to indicate its size or scope. Apparently it sheltered a number of persons other than those actually sick, as a general housecleaning was directed by the Commons House in 1715,[3] and its subsequent status is not indicated.

In 1734 a petition of the Vestry of St. Philip's Church set forth the need and desire for a "Public Workhouse and Hospital", and in 1736 such a building was achieved (St. Philip's Hospital). Patients were removed from their various lodgings and installed in the building in 1738.[4] Thirty years later the first structure was replaced by a new brick building[5,6] and

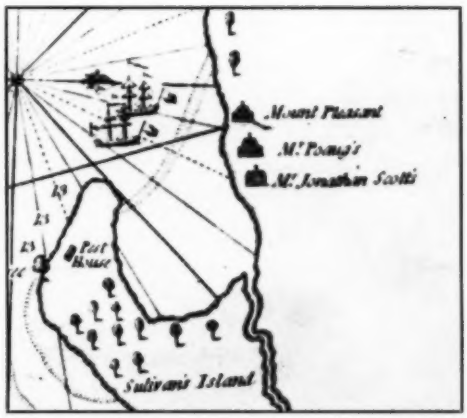


Figure 1.—The Pest House (From: "An Exact Plan of Charles-town")

in 1754 a separate apartment for the insane was required by the Vestry.[4]

Meanwhile the great hurricane of 1752 had carried away the Pest House with a loss of 9 lives; although the house was rebuilt it appeared to have been inadequate and uncomfortable,[7] and finally in 1799 a new Pest House was established on the northeast point of James Island.[8]

Earlier there had been a number of tem-

[1] Statutes of S. C. Vol. 2: 282.

[2] The exact date of erection is not determined. The cost is included in an account of Provincial expenses for the years 1701-1716. Saintsbury Transcriptions (Great Britain Public Records Office, Public Records of South Carolina). VI, 270.

[3] Wednesday, August the 24th, 1715.
"Capt. Henry Quintyne reported from the Committee appointed to view the Hospital; That they had (according to order) viewed the same, and were of opinion that the persons now there, should be allowed three months provisions in corn & beef, and that after the expiration thereof, they be discharged from the Hospital, and provide for themselves, at such places as the Government shall direct; and that those persons who are sick there should be provided with all convenient necessaires." Journal of the Commons House of Assembly, 1715. IV, 448.
Tuesday, March 20th, 1716.
"*Upon motion: ordered;* that the several petitions following be read viz. the petition of John Schuyl relating to his services as chirurgeon in the Hospital." Journal of the Commons House of Assembly, 1716. V, 51.

[4] Minute Book of St. Philip's Vestry 1732 to date, with occasional gaps. Manuscript in possession of the Vestry of St. Philip's Church, Charleston, S. C.

porary hospitals making provision for smallpox cases and for those who desired to be inoculated against that recurring disease. The Parsonage House[9] was at one time used as a place of quarantine for smallpox. In the epidemic of 1738 the "Church Wardens hired an House and provided proper attendance" for smallpox patients.[10] In 1749 Oliphant and Mackie, Apothecaries, advertised "an Hospital for Sick Negroes.[11] Later, in 1763, a number of small private hospitals were opened, apparently for purposes of inoculation.[12] These were probably instigated by the appearance of smallpox in Charleston in that year and the recollection of the serious epidemic of 1760, and were likely very temporary, as inoculation was dropped by request of the public and consent of the physicians after July 1, 1763. Smallpox had then nearly disappeared and the many refugees from the town returned to their homes and occupations.

Provision for a hospital for sick sailors and other transients was made in 1749,[14] and presumably this institution functioned shortly thereafter, although no specific mention of it is found until later,[15] and no definite indication of its site except that in 1806 it was on

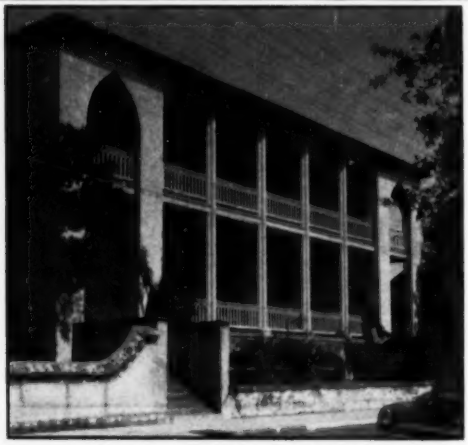


Figure 2.—The Marine Hospital.

Figure 3.—British Hospital on Charleston Neck.

Magazine Street, behind the gaol.[16] In 1809 it was located on Queen Street ("North side, west end"). In 1829, it was in Back (Franklin) Street, near the Medical College.[17] Finally, in 1833, the existing Marine Hospital building on Franklin Street was opened.[18] Medical attendance was supplied first by the faculty of the Medical College of South Carolina and later by the faculty of the Medical College of the State of South Carolina, the new rival to the older college. The hospital was administered by the City with the assistance of some federal funds. During the war of the Confederacy it became a military hospital but in 1865 was abandoned because of its physical condition.

In the time of the Revolution there was established a General Hospital, a part of the Continental Hospital system. A British hospital was situated on the Shubrick lands north of

5 Joseph I. Waring. "St. Philip's Hospital in Charlestown in Carolina," Annals of Medical History, New Series, IV, (1932) 283-289.

6 "A New Hospital is in some forwardness." Letter of Peter Timothy to Benjamin Franklin. Franklin Papers. Philadelphia.

7 South-Carolina Gazette (Charleston), Jan. 12, 1760, Nov. 19, 1772, Feb. 22, 1773. Files of the Charleston Library Society.

8 Statutes At Large of South Carolina, ed. . . . by Thomas Cooper. (Columbia: Printed by A. S. Johnston, 1838), IV, 657; V, 40, 244.

9 South-Carolina Gazette (Charleston), March 11, 1731-32. Files of the Charleston Library Society).

10 Ibid. August 3, 1738.

11 Ibid. March 1, 1749. This hospital has been mentioned as early as 1747.

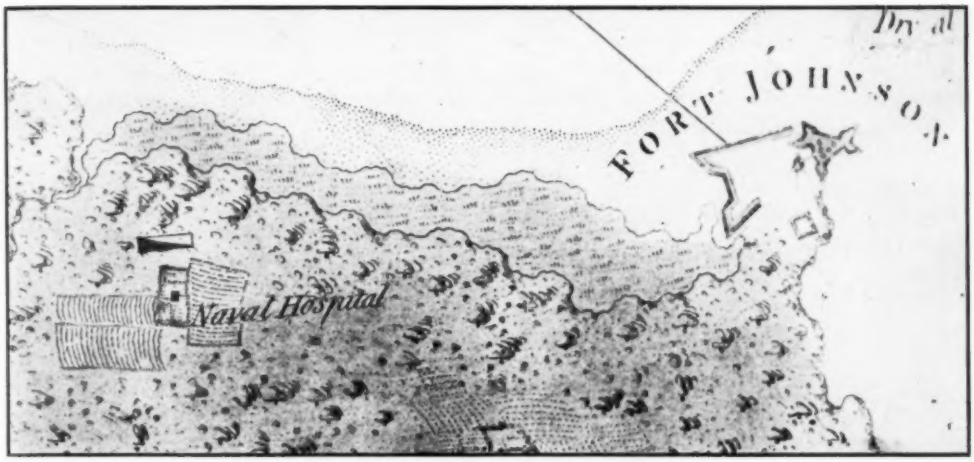


Figure 4.—Naval Hospital on James Island.

Charleston, near Shipyard Creek. Mention of it is found in the Gazette as early as 1777 and as late as 1783.

During the siege of Charleston there was a British hospital on James Island, not far from Fort Johnson.

One of the earliest efforts of the Medical Society of South Carolina (founded in 1789) was the establishment of a Dispensary for the poor of Charleston. Following a bequest by Mr. Alexander Shirras, the Shirras Dispensary was organized (1813) and the building bequeathed for the purpose was used for the activities of the Charleston Dispensary, until in 1887 a new building, achieved through the funds of the Shirras estate, was opened at 72 Society Street, where it still stands. The function of the Dispensary was later absorbed, by agreement, by Roper Hospital.

Private hospitals were established from time to time. A hospital for Negroes was opened by Drs. John Parker Gough and Edw. Darrel Smith in 1804; and another infirmary for Negroes was conducted by Drs. George Hall and Thomas Aiken in 1809 and was located on Back Street opposite the Marine Hospital.[19] Dr. Sheed's New Hospital for Sick Negroes was at 277 King Street (between Broad and Tradd Streets).[20]

Figure 5.—Roper Hospital, Queen Street. (Medical College Building on left)

[12] "At Mr. Chisolme's plantation in Christ Church Parish will be opened an Hospital for the Smallpox for slaves
Samuel Carne —Surgeons &
Robert Wilson —Apothecaries
To open as soon as 50 are engaged."
South-Carolina Gazette (Charleston), May 28, 1763.
"The Smallpox Hospital lately opened at Dr. John Swint's House next door to the sign of the Black Bull in King St. continues open. Insures at 5 percent." Ibid. June 4, 1763.
"Elizabeth Girardeau—takes in persons to have the smallpox at her house next door to the Orange Garden—at 10 pounds per week." Ibid. June 11, 1763.
"An Hospital for inoculating the Smallpox is now open upon Foster's Creek — in the parish of St. James, Goose Creek — for the reception of Slaves at 15 pounds per head.
N.B.—conveniences for six white persons—at 30 shillings each per day." Ibid. May, 1763.
"An Hospital for the Smallpox is opened by Doct. William Loocock in Charles Town where town and country negroes are taken in, at his house in Broad Street, opposite to Union Street at Fifteen pounds per head: he providing nurses, medicines, and every necessary and insuring (if required) at 5 per cent. etc." Ibid. March 26, 1763.

In 1838 the Relief Hospital was opened. This was a temporary arrangement whereby the Infirmary of the Medical College in Queen Street was used to care for the overflow from City Hospital. Afterwards, in 1855, Drs. J. J. Chisolm and Peyre Porcher conducted a hospital at Chisolm's Mill at the West end of Tradd Street,[21] and a few years later (1860) Dr. Chisolm and Dr. J. D. Cain opened a Negro Hospital on Trapman Street. Board and nursing were $3.00 a week.[22]

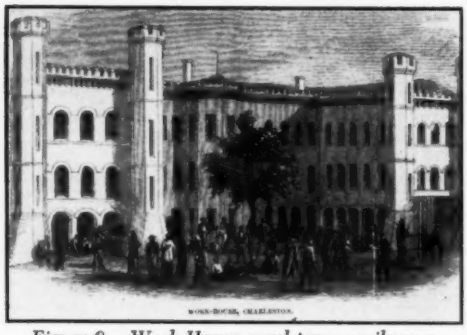
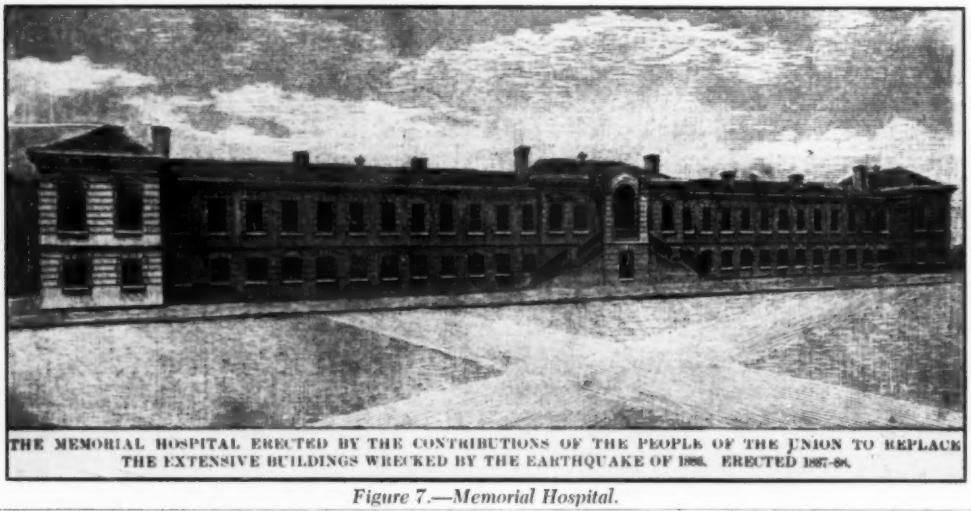


Figure 6.—Work House, used temporarily as a hospital.

In 1840, the faculty of the Medical College opened a "College Hospital (at the west end of Broad Street, formerly the Old Theater) for the purpose of furnishing instruction at the bedside of the sick, for Medical Students and the annual Classes" which well may have been the first hospital in America conducted primarily for teaching purposes.[25]

Figure 6-A.—Shirras Dispensary, 72 Society Street.

Ten years later the Medical Society of South Carolina, trustee of funds left by Thomas Roper for building a hospital, began construction of the Roper Hospital in Queen Street,



THE MEMORIAL HOSPITAL ERECTED BY THE CONTRIBUTIONS OF THE PEOPLE OF THE UNION TO REPLACE THE EXTENSIVE BUILDINGS WRECKED BY THE EARTHQUAKE OF 1886. ERECTED 1887-88.

Figure 7.—Memorial Hospital.

13 South-Carolina Gazette (Charleston), June 14, 1763. Files of the Charleston Library Society.

14 Statutes At Large of South Carolina, ed. . . . by Thomas Cooper. (Columbia: Printed by A. S. Johnston, 1838), III, 720.

15 Ordinances of the City Council of Charleston, collected by Alexander Edwards. (Charleston: Printed by W. P. Young, 1802), No. 48, 46. The Seaman's Infirmary was initiated in 1783. Statues of S. C. 4, 657, 5, 40, 249.

16 Negrin's Directory and Almanac for the year 1806. (Charleston; J. J. Negrin's Press), 33.

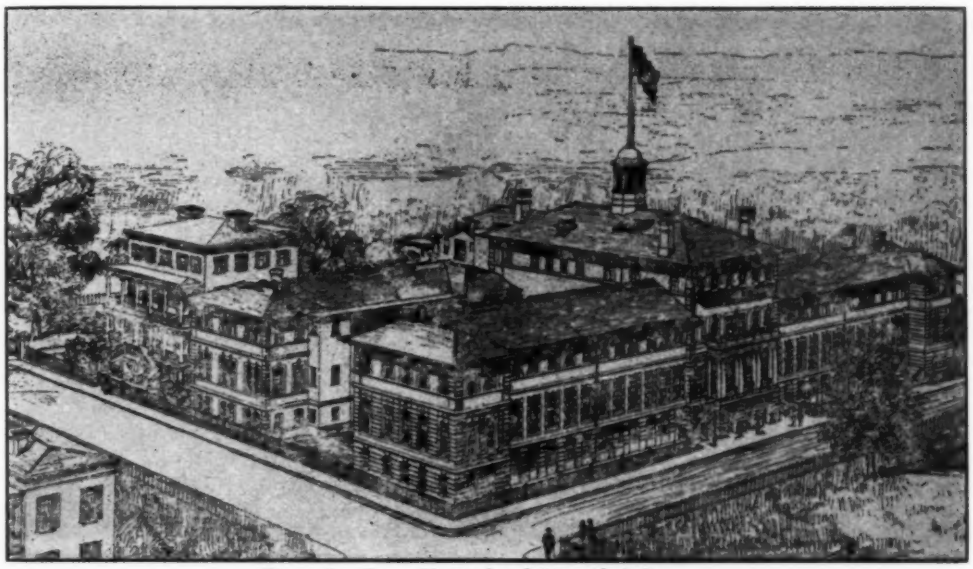


Figure 8.—Roper Hospital and Riverside Infirmary.

which opened its doors in 1854 and operated its 100 beds until it was severely damaged by the earthquake of 1886. During the war of the Confederacy it was used for housing federal prisoners, and included an "Insane Asylum" at the back of the main building.[26] It may be that the asylum was a part of the old Alms House which had been repaired in 1873 and became known as the City Hospital (at Mazyck and Magazine Streets).[27] This building was estimated to include 144 beds. At this period, the City leased Roper Hospital from the Medical Society and operated it until the time of the earthquake.

After the earthquake, through an arbitrary decision of the Mayor of the city, funds contributed by Northern wellwishers for the repair of Roper Hospital were diverted and used to construct a new City Hospital (Memorial Hospital) on the present site of Roper Hospital. After very effective mismanagement, this hospital was abandoned, and a new Roper Hospital was built on its site and in 1906 opened with a capacity of 200 beds for the sick of the city. In time various additions were made, and in April 1946 the newest section, the present private pavilion, was erected. By agreement between the Medical Society and the County Council the sick poor of Charleston County are cared for in Roper Hospital.

Miss Mary McHugh, of Charleston, gave to the Sisters of Our Lady of Mercy a residence on Mazyck Street to be used as an industrial school for orphans. This property was later sold and the proceeds used for the establishment of a hospital under the direct care of the Sisters, which became Saint Francis Xavier Infirmary.

In October 1882, the Infirmary opened its doors. Sister M. de Chantal, Sisters Helena, Ignatius, Thomasine, and Mary Baptist Coffardt, were the first Sisters who rendered their

17 Directory, or guide to the Residences and Places of Business of the Inhabitants of the City of Charleston . . . Taken down for the Year of our Lord 1829. (Charleston: Printed by James S. Burges, 1828), 10.
18 Joseph I. Waring. "The Marine Hospitals of Charleston," Bulletin of the History of Medicine. X, (1941) 651-665.
19 Charleston Courier, October 25, 1809.
20 South Carolina State Gazette and Timothy's Daily Advertiser (Charleston) July 19, 1799. This is the older street number.
21 Charleston Courier, March 3, 1855.
22 Charleston Daily Courier, December 22, 1860.
23 City Gazette (Charleston), June 5, 1804.
24 Charleston Courier, October 25, 1809.
25 Ibid. September 3, 1840.
26 Prison Life—Harper's New Monthly Magazine. 31: 137-150, (July, 1865).
27 Year Book, 1887. City of Charleston, South Carolina. 129-147.

Figure 9.—Roper Hospital Main Building.

services to the sick in this hospital.

An extensive patronage made it necessary in 1896 to build an annex and an Advisory Board was appointed for the Infirmary to aid in its external management. In 1900 a long-felt need was supplied when the "Training School for Nurses" was formed.

The Hospital of our Lady of Lourdes, an annex to Saint Francis Infirmary, was dedicated on February 12, 1913. The opening of the new annex was a step in the general renovation and enlargement of Saint Francis Xavier Infirmary. This annex was really a complete hospital in itself, providing 18 rooms, equipped with metal furniture and all the apparatus necessary for a modern building of that day.

When the Lourdes Annex was opened, it was with hope that the Sisters would be able in the near future to erect a modern building, but this was not realized until 1925. On October 17, 1926, the Sisters opened their hospital for the inspection of the public. It was thoroughly modern in equipment. In 1942 a new wing was added that was partly subsidized by federal funds. This addition afforded 58 more beds, thus bringing capacity to 111 beds and 26 bassinets. In 1949 a new Nurses' Home was erected on the corner of Ashley Avenue and Mill Street.

The Baker-Craig Sanatorium, now the Baker Memorial Hospital, was built as a private enterprise in 1912 and has continued operation to the present. It contains 60 beds and is now operated under a Board of Directors.

Figure 10.—Roper Hospital, Private Pavilion, Built 1946.

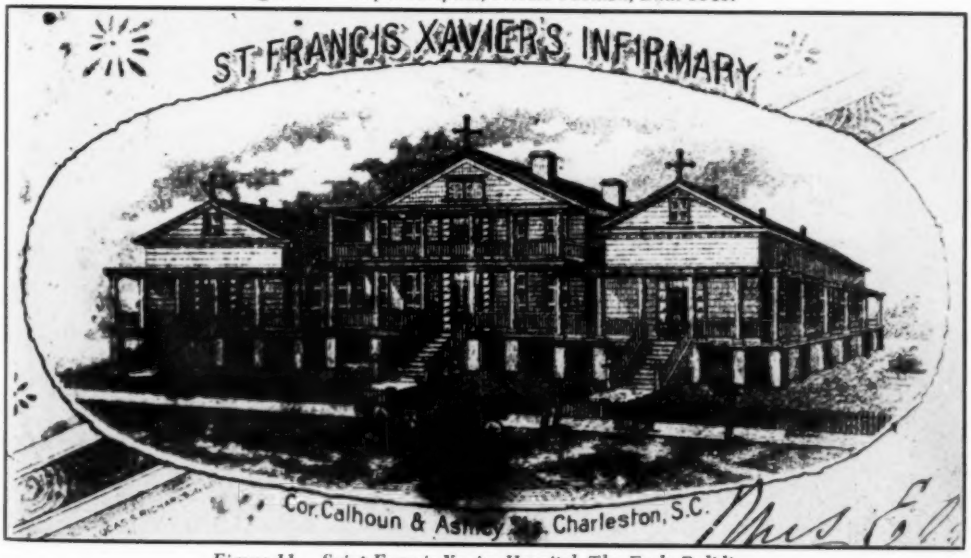


Figure 11.—Saint Francis Xavier Hospital. The Early Buliding.

Figure 12.—Saint Francis Xavier Hospital.

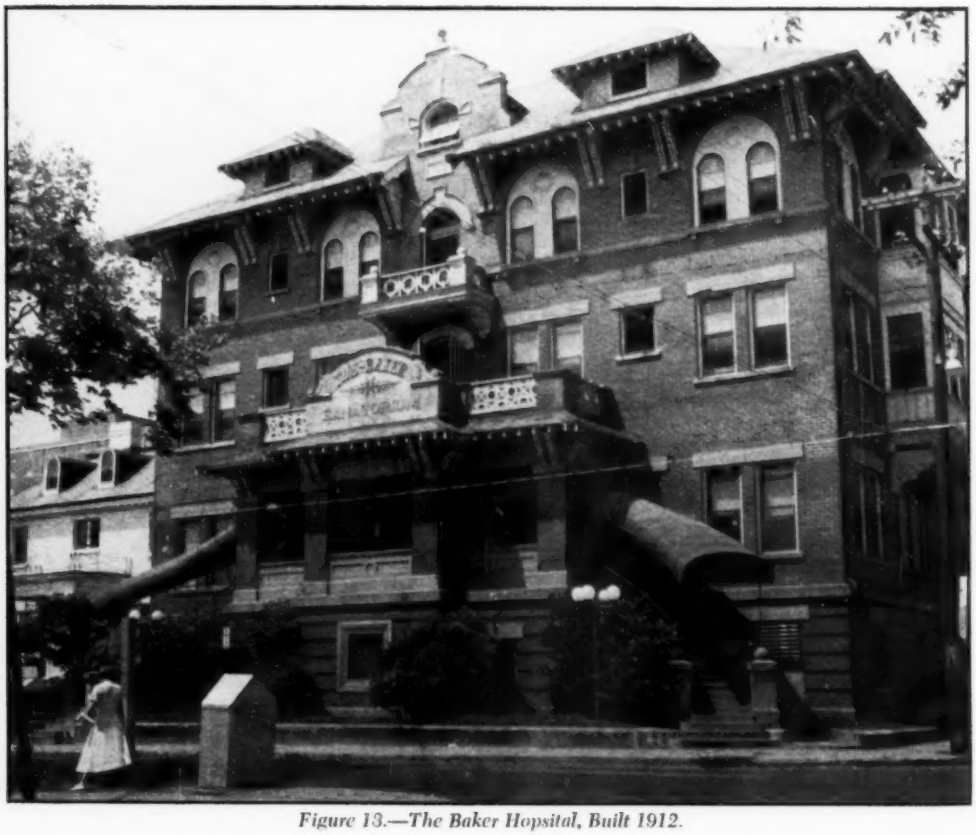


Figure 13.—The Baker Hopsital, Built 1912.

Figure 14.—The Mercy Hospital.

The Mercy Hospital, an obstetrical hospital, was established in 1920 largely through the efforts of Mr. King McDowell in a residence at the corner of Ashley Avenue and Bee Streets, and maintained its function for some years.

The U. S. Naval Hospital is located on a tract of land containing 96.5 acres adjoining the northwest side of the Navy Yard. The present hospital reservation consists of 43.14 acres.

The present hospital is the third hospital to serve military personnel in the Charleston area and the second hospital on the present site. The first medical installation consisted of a repeatedly expanded Navy Yard Dispensary which was much overworked and in need of replacement by adequate buildings. The first hospital building on the present location was built in June and July of 1917 and consisted of 19 temporary wooden buildings with a bed capacity of 250. These were all one story buildings. Due to increased patient load additional beds were urgently needed and by September 1918, fourteen additional buildings were constructed to increase the bed capacity to 1,000 beds.

The emergency hospital was closed in December 1922, and the medical facilities were returned to the Yard Dispensary which was reoccupied and designated as a hospital with a bed capacity of 57. This change-over, however, had no significance other than to return the hospital to a pre-war status. The hospital was expanded to 117 beds in 1940.

In the spring of 1941, work was begun on the present hospital, which is at the site of the old World War I emergency hospital. On

Figure 15.—United States Marine Hospital, Entrance.

Figure 16.—The Hospital and Training School for Nurses (Negro)—Founded 1897.

13 April 1942, the new Naval Hospital was complete and commissioned. The new hospital consisted of 45 buildings, 23 of which are permanent structures. The authorized bed capacity of the hospital is 450. In the event of an emergency this bed capacity can be increased to provide for 980 patients. The highest count of patients to date was reached during World War II when 935 patients were being cared for. The present patient census is around 300.

In 1897 Dr. A. C. McClennan established in a residential building on Cannon Street a Hospital and Training School for Nurses for Negroes. This is still in existence but in bad condition.

Both Roper Hospital and St. Francis Hospital have expanded much in capacity over the years. Baker Hospital remains the same size. The Cannon Street Hospital has been condemned. The old City Hospital is gone. The latter day Marine Hospital has been restored, but not for medical purposes, and the old Mercy Hospital has become a home. A bigger expanding city and suburbs call for more hospital facilities.

Finest of all the local structures, the new College Hospital has risen to its impressive completion to care for patients from all over the state, or even a wider territory. A state institution, it has its own field and function, paralleling but not covering the need for the expanded activities of existing Charleston hospitals. With the expected harmonious agreement among the several hospitals, Charleston may well become a most effective medical center.

Medical College Hospital to be opened about July 1st, 1955.

THE MEDICAL COLLEGE HOSPITAL

JOHN CUTTINO, M. D.

The year 1955 is an extremely significant year in the Expansion Program of the Medical College of South Carolina. It is within this year that the dormitory, known as the Alumni Memorial House, began its operations. It is within this year that the Medical College Hospital will begin its operations. And it is within this year that the construction of the Nurses Building began.

As the Medical College Hospital draws near the completion of its construction phase and is in the midst of being equipped, it is perhaps fitting that we should consider the significance of these events. In order to do so, one needs to recall the situation as regards the Medical College of South Carolina in the period immediately preceding World War II.

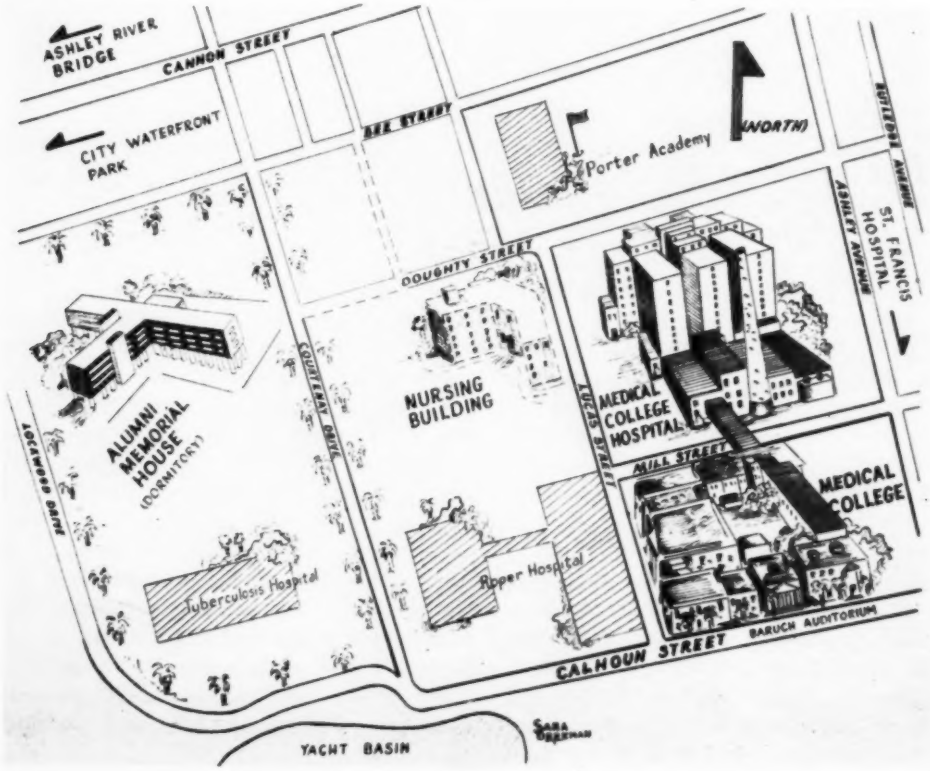
The number of students admitted to freshman classes of the School of Medicine prior to the war was forty-two. The physical facilities were cramped and meager. Because of the increasing importance of laboratory instruction, it had already been necessary to enlarge the laboratories of instruction in the so-called pre-clinical departments. By contributions from the Federal Government, State, and Alumni Association, the portion of the Medical College buildings known as the Alumni Memorial Clinic had been erected in 1938. In view of the size of the student body and the size of the faculty of these departments, the addition of this building seemed adequate to provide the much needed space for laboratory teaching and research.

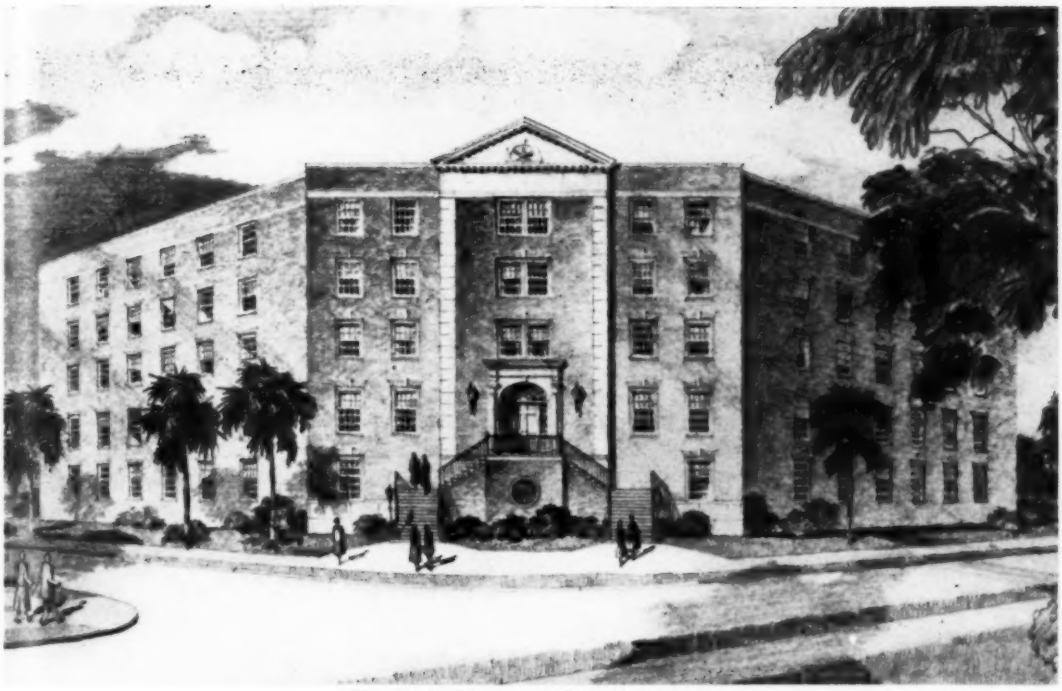
However, this situation was thrown into crisis by the advent of World War II. The mobilization of the largest armed services ever to be assembled by the United States produced a severe strain on the manpower of the health services of the nation. There was an urgent need for more physicians, more nurses and more technicians of all types than the resources of this nation could supply. This demand was met by the medical colleges by means of increasing to the utmost capacity the size of the medical classes and inauguration of the so-called accelerated program in which the normal four-years of medical education was compressed to three calendar years. The Medical College of South Carolina participated in this movement to the extent of adopting the accelerated program and increasing its medical student enrollment to sixty per class.

The effect of these changes created a great load on the already strained laboratory facilities, clinic facilities and the bed-side teaching opportunities provided by the then 350-bed Roper Hospital. The addition of twenty students brought the ratio of students to teaching beds dangerously near the established minimum for the accreditation of a medical college.

As the war progressed and as it became apparent that the end was in sight, plans needed to be made for the future of this medical college. Accordingly, consideration was given the optimum number of medical students for the state of South Carolina.

It was evident that the United States would need to maintain armed services of greater numbers than ever in its history. This would require an increasing supply of medically trained personnel. It was also obvious that the population of South Carolina, along with the nation's, was rapidly increasing and that more and more industries were moving into this area because of working conditions and the decentralization of industry which had begun during the war. In addition it had become obvious that the days of the great medical





Nursing Building — Architects' Drawing

centers of this country were limited because of the ever increasing number of qualified personnel, because of the ever increasing availability of highly technical diagnostic and therapeutic procedures. More and more states were organizing medical centers so that within a short period of time South Carolina would be backward indeed if it could not boast its own medical center in which definitive care could be offered its citizens.

Based on these factors, it was judged necessary for the Medical College of South Carolina to expand so that its physical equipment and faculty should be able to give proper training to medical classes of eighty per class.

The physical additions required to permit the desired increase in enrollment were two-fold: The Medical College would need to further expand its laboratory space and to acquire more opportunity for clinical experience for its students.

In order that the students should receive laboratory instruction not inferior to any medical school in the country, and further that opportunity should be provided the faculty of the Medical College to take their rightful place in the advancement of the sciences of medicine by laboratory research, the laboratories and classrooms in the departments of anatomy, chemistry, physiology, bacteriology, pharmacology and pathology needed to be enlarged. To satisfy this need, the means were obtained from state and federal funds for the erection of the Laboratory Building which has physically served to close the quadrangle and has permitted the rearrangement and expansion of all of the laboratories so that the desired adequate space might be obtained, and in addition has provided the opportunity for laboratory research which had been very much desired. This building was completed in 1953 and began its operation in January of 1954.

The expanding physical opportunity has permitted the gradual expansion of faculty in these departments. The Medical College now has faculty and equipment in the pre-clinical departments which compares favorably with the best medical schools of the country. Opportunity has now been provided for unlimited growth in teaching methods and research.

To meet the second great need of increased opportunity for clinical experience, it was decided to construct an additional hospital. In so much as South Carolina had no reference hospital in its system of medical care, it was decided that the new addition should assume this form. This provision gives the Medical College the unique advantage of having as its teaching hospitals both the community-type hospital with the incidence of disease as found in the normal large community and the reference-type hospital with the concentration of rarer diseases and diagnostic problems.

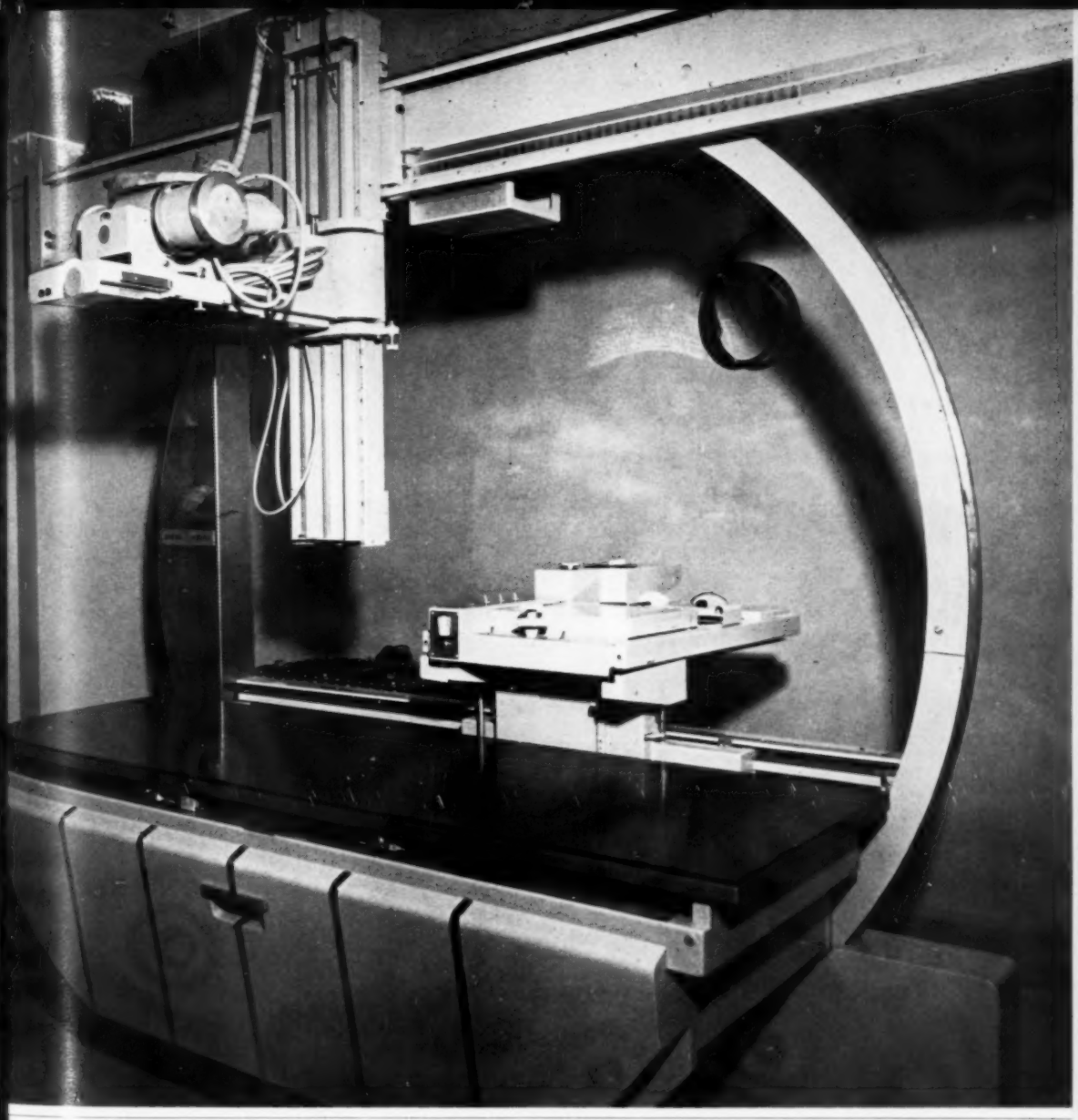
The hospital was built at a cost of approximately $11,000,000 of State and Hill-Burton funds on two city blocks provided by the County of Charleston. It is a self contained unit and is connected to the Medical College buildings by an overhead passageway across Mill Street. The hospital is a ten story building.

The first floor houses most of the maintenance shops, kitchen, dietary area, record room, central supply, emergency room, pharmacy, morgue, waiting rooms and dining room areas. The record room will be in communication with the entire hospital and certain stations in the Medical College building and clinic by means of a pneumatic tube system. Records will be maintained on IBM equipment with card index. The kitchen assembly is designed according to the Mealpack System which permits the serving of individual sealed trays to the patients, thus providing the most advanced food service system available. The boiler room and air conditioning units are mechanically designed to maintain a constant year-round temperature of the whole building within a three degree fluctuation.

The second floor contains the business administration offices of the hospital, the lobby areas, hostess shops, offices of the directress of Nursing Service, offices of the medical administration, library, dental clinic, the studios of medical illustration, the laundry, autopsy rooms and professional personnel dining rooms and health services. An auditorium designed to seat one hundred and seventy-five persons occupies a position rising through the first and second floors. A small chapel has also been provided on the second floor.

On the third floor are the x-ray department, Eye-Ear-Nose and Throat section, the Blood Bank and the offices of the full-time clinical faculty.

The fourth floor is occupied by the operating rooms of which there are six, together with supporting work areas, induction rooms for anesthesia and recovery rooms. The remainder of the fourth floor has been designed as patient



rooms, but as a temporary expedient will house the house staff. The fifth, sixth and seventh floors are general medical and surgical patient-room floors. There are private rooms, semi-private rooms and four-bed wards. Each of these floors will have two nursing stations.

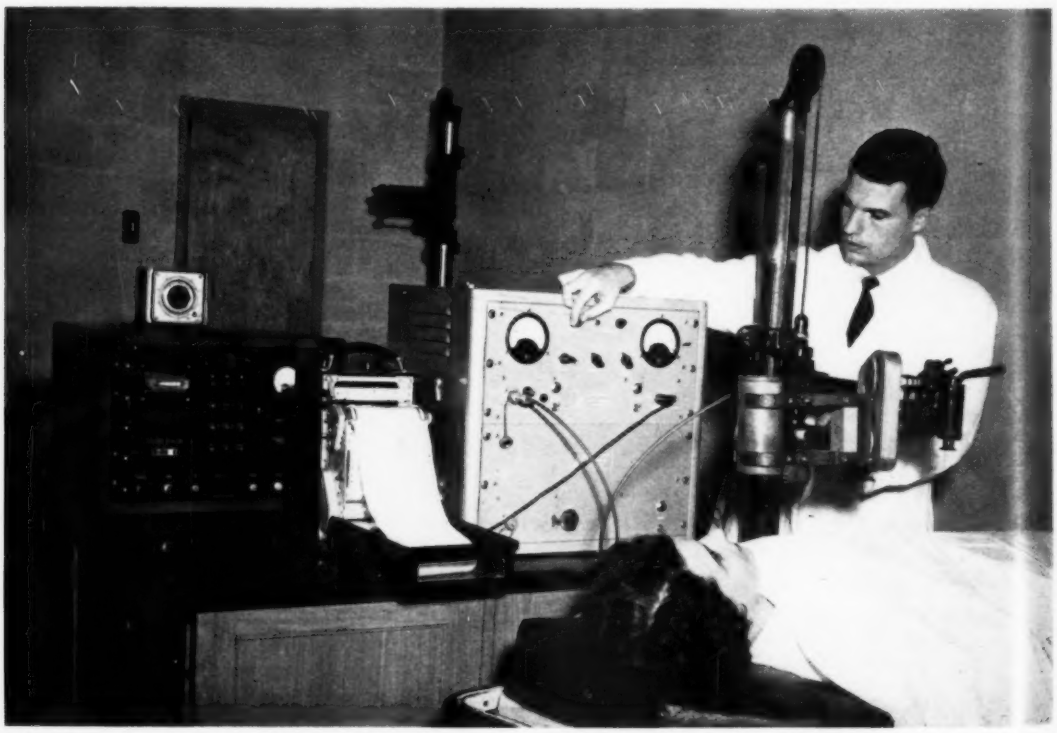
The eighth floor is the obstetrics floor with its delivery rooms and labor rooms. The ninth floor is entirely pediatrics. The tenth floor is psychiatric.

The hospital will be equipped and supplied with the latest developments in medical management. Each room is supplied with oxygen outlets, under-pillow dynamic speakers for radio reception, a patient-nursing-station communication system and the best appointed call system of electronic development. All efforts have been made to produce here a hospital including the most advanced concept of medical care, with full advantage being taken of the pioneering efforts of other great medical centers. In its internal arrangements great care has been exerted to insure the most efficient patient-care possible.

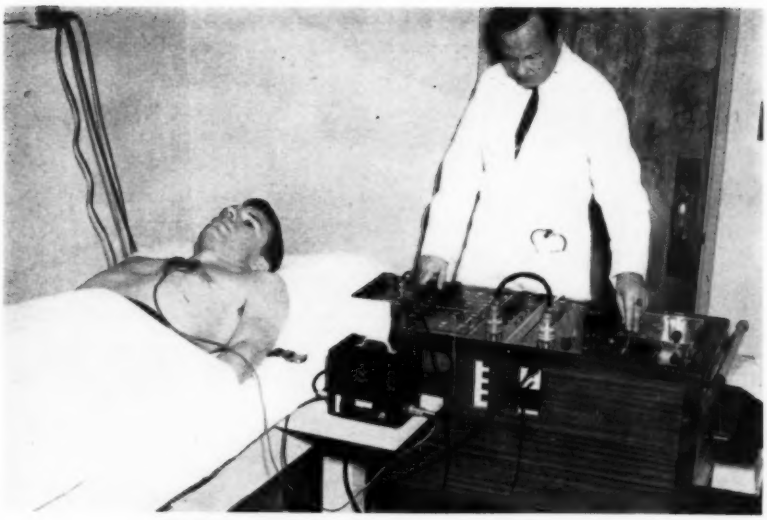
This hospital will be operated by the Medical College faculty. Its patients will be referred patients only, and it is hoped that physicians of the entire state of South Carolina will find in this hospital satisfaction for all of the needs of a reference type hospital. It is expected that the latest in technical and diagnostic facilities will be had and the standards of medical care which will be carried out in this hospital will not be excelled in any other hospital in the country.

As an adjunct to the Medical College Expansion Program and an integral part of it, it has long been felt desirable to build and operate a dormitory. In recent years, housing facilities of this community have been sorely taxed both by newcomers to the area and by defense workers and military personnel. This competition for housing facilities has developed to the extent that medical students find difficulty in obtaining living accommodations. Accordingly the Medical College has constructed a million dollar dormitory which went into operation the first of January, 1955. The forward looking aspects of this new development have received considerable recognition from other medical colleges. We have had a number of visitations from representatives of other medical schools and the Medical College's position in this regard is recognized as that of leadership. The dormitory building is itself well equipped. It has a cafeteria which will accommodate one hundred and fifty persons at one time.

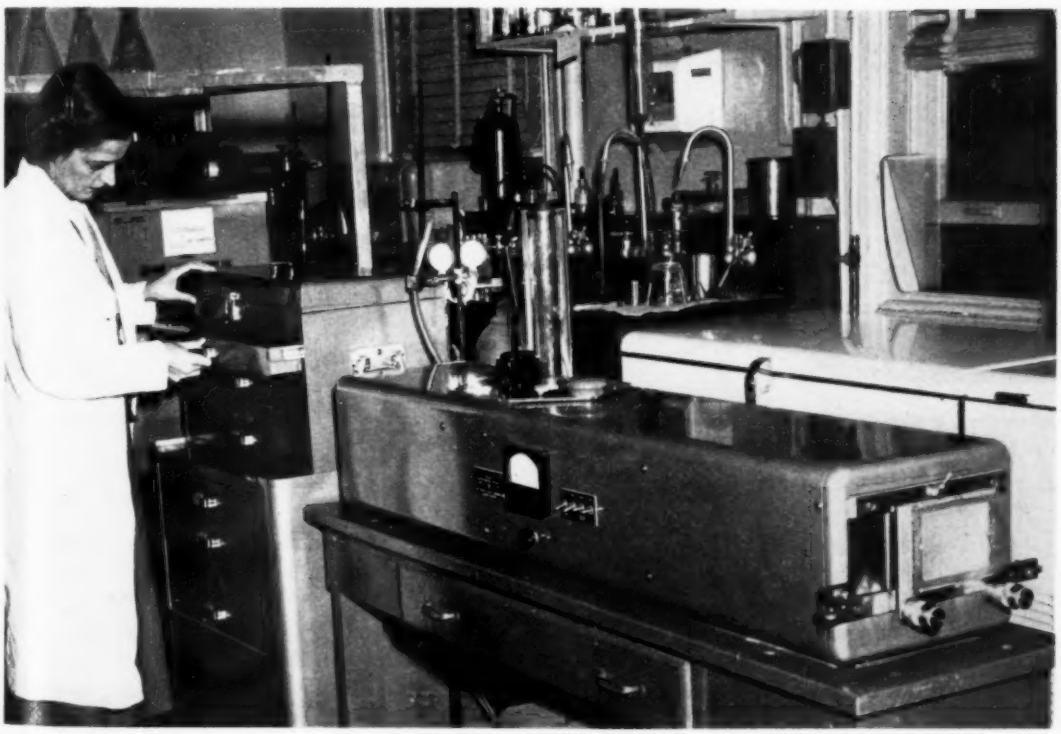
The School of Pharmacy has been moved to the fourth floor of the Laboratory-Clinic Building. It has occupied its new quarters for about a year. The Pharmacy School continues to emphasize the high standard of pharmaceutical training which is in keeping with its tradi-



Measuring radio-activity over the thyroid. Small amounts of radio-active iodine, either injected or swallowed, will concentrate in the thyroid gland and the rate of accumulation has diagnostic value. Larger amounts may be used as a substitute for surgery in hyperthyroidism. The facilities shown here are operated in the Cancer Clinic of the College. One ward of the new hospital has special installations permitting the use of radio-isotopes.



Electronic recording of heart sounds and vibrations.



Electrophoresis machine in the Department of Bacteriology determines diffusion patterns of different blood components. The measurements can be valuable diagnostic aids and can be used to guide therapeutic procedures.

An interne adjusts apparatus for cold storage of blood vessels. The substitution of large blood vessels is one of the most difficult operations of modern surgery but sometimes offers the only possible means of preserving a limb or saving a life.

An electro-encephalographic technician records brain waves from a patient in the Medical College Laboratories. In the new Hospital, this type of diagnostic work will be on the third floor.

tion and has attempted to broaden its scope within its limitation.

In connection with the hospital, the Nurses Building is now under construction on the corner of Lucas and Doughty Streets. It is designed to house the School of Nursing of the Medical College, and will have classrooms, diet laboratories, nursing arts laboratories and dormitory facilities for the student nurses.

Enabling legislation has been passed by the South Carolina General Assembly to organize in this location a Dental School. As soon as the Legislature deems it wise to implement this new venture by appropriation of moneys for its construction, this important new facility will be added to the Medical College's scope of activities.

The Medical College is completing what might be termed the constructional phase of its Expansion Program. 1955 marks the period

in which the tangible results of many years of diligent planning has reached the stage of visible proportions. These events mark a period from which we can now contemplate a far greater scope of service both in the education of medical personnel of all categories and in the offering of medical care of an outstanding character. This vision has been jointly shared by the physicians of South Carolina and the legislative authorities of South Carolina. We now by means of the concerted and cooperative efforts of all concerned enter into a period in which the vision of those responsible for this planning can be brought into actual accomplishment.

The Medical College of South Carolina may now expect to assume its rightful place of leadership in medical education, advancement of knowledge and provision of outstanding patient care.

It was surprising to many of us at headquarters, and certainly to the nation's taxpayers, that the Hoover Commission, in announcing its report on federal medical services on Monday, February 28, junked the major recommendation of its own 16-member Medical Task Force. At the last minute of deliberations, it substituted instead proposals which will expand instead of curtail government medical care for veterans with non-service-connected disabilities.

In its study report to the commission, the Medical Task Force recommended that veterans with non-service-connected disabilities receive hospital care if the need for such disability is established within three years following discharge from active duty. Members estimated that the number of potential patients with non-service-connected disabilities would be reduced from 17.5 million to about 3 million, with an estimated annual savings of $150,000,000.

The commission, however, chose to reject the cut off provision and recommended that this service be reduced through a closer financial screening of applicants. This recommendation, as we all know, already has been tried and proved to be ineffective.

While the Medical Task Force did recommend non-service-connected out-patient care, it was to be within the framework of the three-year cut off date. The commission, in eliminating the three-year eligibility clause, chose to retain the provision of out-patient service, which in the past has been available only to veterans with service-connected disabilities. This out-patient provision would actually skyrocket the cost of veterans' medical care.

To remove the three-year time limit and, at the same time, furnish the non-service-disabled veteran out-patient care in veterans' hospitals is certainly not in keeping with the commission's objective of trying to eliminate wasteful government spending and the unnecessary intrusion of the federal government in private affairs.

A.M.A. Secretary's Letter, March 7, 1955

Editorials

MEDICAL COLLEGE HOSPITAL DEDICATION EXERCISES

May 10, 1955 — 4 P. M.

Because of the interest and support given by the South Carolina Medical Association in the development of the so-called Expansion Program of the Medical College of South Carolina, it was decided to schedule the dedication exercises of the new Medical College Hospital at a time when the Association would be in session in Charleston. The Association responded to the idea by choosing to meet in Charleston on May 10-12, 1955.

In cooperation with the officers and the program committees of the Association, the afternoon of May 10 was allotted to this occasion. The membership of the Association is cordially invited to attend, and the president of the Association, Dr. Thomas R. Gaines, will present a message as an item on the program.

The Honorable George Bell Timmerman, Jr., Governor of South Carolina, will make the Dedication Address, while Dr. John W. Cronin, Chief, Division of Hospital Facilities, will represent the U. S. Public Health Service and Dr. Herman G. Weiskotten will speak as the invited representative of the area of medical education.

The exercises will be held on the grounds in front of the new hospital, and an opportunity will be given for inspection of the hospital afterwards.

With the completion of the Medical College Hospital the main objective of the plans of the Medical College will have been accomplished. The physical growth of the institution has also included a new laboratory-clinic building, a new Alumni Memorial House (men's dormitory and dining hall) and a new School of Nursing building, now under construction.

The Medical Center, of which these new units are parts, has been broadened in area to become one of the largest and most prominent units in the City of Charleston. The other institutions within the Center are the Medical College, the Roper Hospital and the new Charleston County Tuberculosis Hospital (Pinehaven). Associated together these several units provide advantages and opportunities that may be described in the following quotation from the National Fund for Medical Education:

"Today's medical schools are far more than educational institutions for the training of physicians and medical technicians. As a result of the evolution in scientific medicine during the past fifty years, the schools have become complex centers for the advancement of the biological sciences. These great medical centers fuse together three vital interrelated activities—Research, Education, and Clinical Service—to develop improved techniques for the care of the sick and for the prevention of disease."

The Medical College Hospital is planned as a reference hospital in the full and at the same time strict sense of the phrase. Its operational organization will have that objective. Its appointments and equipment are unexcelled. Its staff will consist of the faculty.

While many persons as well as many public agencies and organizations have played vital parts in bringing this hospital to completion, the support of the South Carolina Medical Association has been one of the major factors.

KML

STATE NUTRITION COMMITTEE ENDORSES RICE ENRICHMENT

At a recent meeting the South Carolina State Nutrition Committee reviewed its experiences with nutritional improvement of margarine, flour, bread, corn meal and grits. The addition of certain vitamins and iron to these staples has become mandatory in South Carolina largely through the influence of this committee and many organizations represented. Since 1942 when South Carolina enacted the first enrichment law some 26 states have enacted similar enrichment laws.

Endorsement was given by AMA, the Food and Nutrition Board of the National Research

Council and others for enrichment of certain staples with specified amounts of vitamins and minerals. Nevertheless it took continued educational work through more than a decade to acquaint millers and the public with the program. Enrichment was presented as being one step toward assuring at least minimum needs of certain nutrients. The broader nutrition program encouraged selection of a wide variety of natural foods of high nutritional quality.

Rice was conspiciously ignored for a decade, not because it didn't need enrichment but rather because of lack of satisfactory methods of enriching it. Now the picture has changed and nutritionists want rice enriched so that its vitamin and iron content is as good as grits. Their argument is that these staples are used interchangeably and in large amounts by the underprivileged who would benefit greatly by the increased intake of thiamine, niacin, riboflavin and iron to be added to rice at the rice mill in the form of a premix. Puerto Rico has a law requiring enrichment and its mills are equipped and accustomed to enriching rice.

The cost of enrichment of all the staple cereals consumed in a year by the average person is about twenty cents. The cost of the vitamins and iron to enrich 100 lbs. of rice is about five cents, but at present the cost of impregnating the vitamins into rice and rendering them insoluble increases the cost of enriching to about 20 cents per hundred pounds of rice. Methods soon to be put into practice and volume production will substantially reduce the cost of rice enrichment.

Methods which do not call for rinsing before or draining after cooking are being advocated for clean rice which is sold in consumer size packages. Further information and recipes are available by writing to the Publications Department, Clemson, S. C. for S. C. Experiment Station Circular 95 entitled "Rice Recipes and Enrichment."

THE MEDICAL COLLEGE HOSPITAL

The dedication ceremonies of the Medical College Hospital to be held in May are of extreme importance to all physicians in South Carolina. This marks the culmination of one phase in the expansion and continuing development of medical education in South Carolina.

The fact that this hospital exists is due to the recognition of its need as a training center not only for the expanded undergraduate student body of the Medical College but also as an institution wherein post graduate educational facilities and continuing graduate study can be achieved.

To serve its best purposes not only will it be a place where because of superb equipment many of the more time-consuming and detailed diagnostic aids and therapeutic helps for the more unusual and obscure illnesses can be conducted, but because of its proximity and the informal, friendly and close relations now existing between the faculty and the medical profession of the state at large, frequent personal consultation and discussion by referring physicians can be held; a stimulating and helpful experience for the referring physician and consultant alike. Such experience is not now readily available except by lengthy letters in most instances because of the present practice and in large measure now one of necessity, of sending many of the types of patient who can only be adequately handled in the larger medical centers to out of state institutions. The new hospital will be the nucleus of a similar center.

In addition to filling this need with the various schools of the Medical College as now constituted, plus additional schools now envisioned for the not too distant future, auxiliary aides to the medical practitioner will be trained here in larger numbers. Not only x-ray and laboratory technicians and nurses, but also physiotherapists and other special technical helpers, thus enriching the auxiliary services that can be made available not only at the medical center in Charleston but by training such personnel these auxiliary services can be expanded throughout the state in connection with other hospital units.

With the expansion of this center, opportunity for true refresher course experiences will become available through these facilities to stimulate and enthuse all members of the profession in all the various fields and branches of medicine.

A vista of closer relationships unfolds itself as regards the Medical College and its alumni. No longer should graduation sever the educational bond so completely as heretofore. Revisits with or without patient referrals will provide opportunities for discussions and study and stimulation to former students and faculty alike with facilities and working space to apply and increase medical knowledge.

The foresight of the State Medical Association and the educational opportunities it has thus enlarged by supporting and urging on this undertaking now stand embodied in bold design as an indication of the quality of the leadership Organized Medicine has in this state.

Needless to say, the efforts and leadership ability of Dr. Kenneth M. Lynch, must be acknowledged as having played no small part in the success of this program. The hospital stands as a concrete example and clear indication of his ability as an educator, not only to recognize and point out at the appropriate time when expansion is necessary and the lines along which it is best pursued, but most of all the success of the plan indicates his ability to show these needs in the proper perspective so as to ensure the hearty cooperation of the medical profession of the state in seeing the plans become reality.

Vince Moseley

THE ANNUAL MEETING

The annual meeting at Charleston on May 9, 10, 11, and 12 will be the one hundred and seventh session of the Association. The first meeting was held in Charleston in 1848, the centennial meeting was held there in 1948. This is the first return to the cradle of the Association in a number of years, and Charleston looks forward to a proper celebration.

An excellent program is promised, and social events will be inviting. It is hoped that all members who can get away will attend and derive medical benefit and social pleasure from the session.

Come prepared to have a good time, and come prepared with a reply for your friend who may inquire how it happens that the South Carolina Medical Association and the South Carolina Funeral Directors are meeting at the same time in the same place. It may be that these friends will suggest collusion.

OFFICERS AND COUNCIL, 1954 - 1955

PRESIDENT'S PAGE

To the Members of the South Carolina Medical Association

This will probably be the last opportunity I have through the **Journal** to communicate with you as President of the Association. In so doing, I wish to again thank you for the honor which you have given me for the past year. We have journeyed about in various parts of the State renewing old friendships and making new ones—all of which has been a great pleasure. I have been impressed with the attendance and the fellowship at the district and county meetings which I have attended.

It was also my privilege to attend the A. M. A. meetings both in San Francisco and in Miami. One cannot but be impressed with the magnitude of this meeting and with its transactions. Any of us who are members of the A. M. A. and are not satisfied with its policies have the right and the privilege to appear before any of the reference committees and to state our views.

I have been impressed with the good work which our delegates are doing and with the respect in which they are held by other members of the House of Delegates. Then Dr. Julian Price, our representative on the Board of Trustees, commands a growing influence in the organization.

It is hoped that we will have the greatest number of registrants at the State meeting in Charleston May 9-12 that we have ever had. Looking forward to seeing you at that time and with best wishes to every member, I am,

Sincerely,

Thomas R. Gaines, M. D.

MINUTES OF COUNCIL
January 5, 1955
Columbia, S. C.

A special meeting of Council was held at the Columbia Hotel, Columbia, S. C., January 5, 1955. The meeting was called to order by the Chairman, Dr. J. P. Cain at 3:45 p. m. Members present were Drs. Cain, Wyatt, Burnside, Gaines, Sease, Mayer, Stokes, L. Smith, Weston, Gressette, Johnson, Morgan, Baker, Crawford, Bozard, B. Smith, Waring, Wilson and Mr. M. L. Meadors, Executive Secretary. Also present were Dr. G. S. T. Peeples, Dr. Frank Owens, and Drs. Nance, LaBorde and Eaddy of the Committee on Legislation.

The minutes of the meeting of September 29, 1954 were approved as published in the Journal. Dr. J. P. Cain first reported on a recent editorial in the Columbia, S. C. State relating to the krebiozen situation and extremely critical of the attitude of the American Medical Association. Dr. Cain read a letter he had written to Dr. J. P. Young, Chairman of the South Carolina Cancer Commission, suggesting an authoritative reply. No action was taken and the matter was received as information.

The Chairman then opend the discussion of the naturopathic situation in the state with a report on his findings in District #6. Each Councilor then reported for his district and it was apparent that a majority thought that the time was right for some action. A long discussion then ensued with each man present participating, and the Executive Secretary also reported on his findings.

Dr. Stokes then moved that Council reiterate its previous motion of September 29, 1954, advocating the repeal of all enabling acts relative to the practice of naturopathy in the state. After some discussion this motion was passed by a vote of 11 to 2.

Dr. O. B. Mayer then suggested that additional counsel be employed, at the discretion of the Executive Secretary. After some discussion Dr. Weston moved that we proceed immediately and that the Executive Secretary, Mr. M. L. Meadors, be authorized to employ an associate or associates at his discretion, at a total expense of not more than $5,000, these to be approved by the Chairman of Council, the President, the President-Elect, and the Secretary of the Association. These motions were passed.

A discussion of publicity followed and it was pointed out by the Chairman of Council that the present Publicity Committee, with Dr. J. I. Waring as Chairman, should be directed to handle this matter. The Chairman also noted that an appropriation of $1200 had been included in the budget for this year to cover such an expense.

The responsibility for carrying out this program was accepted by Mr. M. L. Meadors, Counsel, and he promised to give his immediate attention to the task of choosing associates.

It was decided to send all information available to all physicians in the state so that they would be in a position to know the attitude of the State Association in this matter.

The Secretary then read a letter received from Dr. John Fleming of the State Cancer Committee, requesting the approval of Council to the sending of a letter and some published material advocating early examination and diagnosis. This was unanimously approved by Council.

The Secretary then read several other letters but no action was taken on any matters by Council and adjournment took place at 6:45 p. m.

Respectfully submitted,
Robert Wilson, M. D.
Secretary

BLUE CROSS . . . BLUE SHIELD

Some doctors still do not understand the Blue Cross cooperative feature made effective on January 1. The important thing about it is that the subscriber is required to pay for his room and board at ward rates for the first two days of his hospital stay. At present rates charged by South Carolina hospitals, the maximum cooperative payment will be $18.00. Many hospitals charge less. Hospital charges, other than those for room and board, are paid by Blue Cross even though the service for which such charges are made are rendered on the day of admission. Such charges could be for operating or delivery room, laboratory examinations, occupancy of post-operative recovery room, anesthesia by a salaried anesthetist, x-ray examinations, etc. The cooperative payment is not charged patients admitted primarily for diagnosis. It is not charged patients readmitted within ninety days after discharge because of the same, or a resultant complication of the same condition for which the primary admission was advised.

Subscribers generally have accepted the provision understandingly. Most doctors have accepted it enthusiastically. There has been some expressed dissatisfaction by a few doctors who admit patients to hospital for one- or two-day stays, as in the case of tonsillectomies and for labor and delivery in hospitals where the number of obstetrical beds is inadequate.

* * *

The cooperative payment is a contraction of benefits under the Blue Cross Agreement. To counterbalance this to some extent, a liberalization of the

benefits was announced in the newsletter of January 21. These changes also have not been understood by all of our doctors. First, it should be noted that these changes in benefits apply only to Blue Cross and therefore, they apply solely to hospital services and hospital charges. There have been no changes in Blue Shield allowances for professional services rendered subscribers who become entitled to these new Blue Cross benefits.

The second change announced in the newsletter is the easier to explain and to understand. Before this change was made, there was an allowance up to $7.50 applied on the hospital charges for emergency first aid treatment in accident and injury cases when such service was rendered within twelve hours of the accident or injury. Now the allowance to the hospitals for such emergency room service has been increased, so that up to $10.00 will be paid, if so much be charged, and the time limit for such service has been increased to within 24 hours of the accident or injury. Neither allowance, the old up to $7.50, nor the new up to $10.00, has any relationship to the doctor's service or to his charges. Appropriate professional fees are provided by Blue Shield for such professional services to Blue Shield subscribers.

The other increase in Blue Cross benefits announced in the newsletter is an entirely new provision, made at the insistence of numerous doctors and their patients. Heretofore Blue Cross provided no hospital benefits for subscribers not regularly admitted to an approved hospital, except for emergency room care in case of accident and injury. However, it is getting to be more and more the practice to do minor elective surgery in the emergency room or outpatient department or in the hospital operating room without admitting the patient to hospital as an in-patient. The increasing number of community hospitals and the improved facilities of hospital outpatient departments have made this practice possible. Prior to February 1, Blue Cross paid no hospital charges for such outpatient service. The patient had to be admitted as a bed patient before he became entitled to hospital benefits. Now, Blue Cross will pay up to $10.00 on the hospital charges for outpatient surgery (operating room fee, anesthesia by hospital employee, primary dressings, etc.) There is no allowance for post-operative dressings on an outpatient basis.

Again, these benefits are Blue Cross hospital service benefits. They in no way apply to the physician's charges. Blue Shield assigns and pays allowances to physicians for professional services to patients who are members of the Blue Shield Plan.

* * *

Blue Cross and Blue Shield in South Carolina are separate corporations, with separate and different subscription agreements, or contracts, but with joint administrative offices and officers. Blue Cross, or the South Carolina Hospital Service Plan, has about twice as many subscribers, or members, as has Blue Shield, or the South Carolina Medical Care Plan. Blue Cross pays the hospital for hospital services. Blue Shield pays the doctor for professional services.

Medical Director, Blue Cross and Blue Shield
J. Decherd Guess

DR. HOWARD STOKES, DR. THOMAS GAINES, DR. ROBERT WILSON

(Photo by E. S. Powell)

Program, Scientific Session

Annual Meeting of the South Carolina Medical Association

May 10th, 11th and 12th, 1955

TUESDAY, MAY 10, 1955

8:00 A. M.	Breakfast, Liaison Committee, Alumni Association. Nurses Dining Room, Roper Hospital.
2:00-3:00 P. M.	"Hospital Explosions and Recommended Safety Precautions"—Demonstration and Lecture Amphitheater, Second Floor, Medical College Hospital. (Under auspices of South Carolina Society of Anaesthesiologists) *Guest Speaker*: John Gilroy, Ph.D., Director of Research, Ohio Chemical and Surgical Equipment Co., Madison, Wisconsin
4:00 P. M.	Dedication of Medical College Hospital (Hospital Auditorium) *Presiding*: Kenneth M. Lynch, M.D., President, Medical College of South Carolina

WEDNESDAY, MAY 11, 1955

For the benefit of those doctors present who will not be attending the session of the House of Delegates, the following scientific films will be shown at times specified at the Francis Marion Hotel.

9:00 A. M.	"Principles of Fracture Reduction"
9:40 A. M.	"Immunization Against Infectious Diseases"
10:35 A. M.	"Acute Abdominal Injuries"
11:10 A. M.	"Oral Cancer—The Problem of Early Diagnosis"
11:50 A. M.	"They Also Serve"

SCIENTIFIC SESSION

(Francis Marion Hotel)

Presiding: Thomas R. Gaines, M.D., President, South Carolina Medical Association

2:00-3:30 P. M.	Panel: "Carcinoma of the Lung" *Moderator*: Forde A. McIver, M.D., Madison, Wisconsin *Internist*: George W. Wright, M.D., Cleveland, Ohio *Surgeon*: Richard H. Overholt, M.D., Brookline, Masschusetts *Radiologist*: Merrill C. Sosman, M.D., Boston, Massachusetts *Pathologist*: H. R. Pratt-Thomas, M.D., Charleston, South Carolina

3:30 P. M.	Recess to visit exhibits.
3:45 P. M.	"The Destroyed Pulmonary Segment", Richard H. Overholt, M.D., Brookline, Massachusetts
4:15 P. M.	"Pectus Excavatum", Mark M. Ravitch, M.D., New York, New York
4:45 P. M.	"Antibiotic Management of Typhoid Fever and the Typhoid Carrier State", Robert T. Parker, M.D., Baltimore, Maryland

THURSDAY, MAY 12, 1955

9:00 A. M.	Memorial Service.
9:15 A. M.	The President's Address, Thomas R. Gaines, M. D., Anderson, South Carolina
9:45 A. M.	"Post-Partum Hemorrhage", Allan C. Barnes, M. D., Cleveland, Ohio
10:15 A. M.	"Cushing's Disease", Merrill C. Sosman, M.D., Boston, Massachusetts
10:45 A. M.	Recess to visit exhibits.
11:00-12:15 P. M.	Panel: "Intestinal Obstruction in Infancy" *Moderator*: Richard B. Josey, M.D., Columbia, South Carolina *Pediatrician*: Howell Wright, M.D., Chicago, Illinois *Surgeon*: Mark M. Ravitch, M.D., New York, New York *Radiologist*: Merrill C. Sosman, M.D., Boston Massachusetts
12:15 P. M.	"Hospital Accreditation", Kenneth B. Babcock, M.D., Chicago, Illinois
12:45 P. M.	Luncheon Recess
2:00 P. M.	"Asthma in Children", Howell Wright, M.D., Chicago, Illinois
2:30-3:45 P. M.	Panel: "Uses and Abuses of Antibiotics" *Moderator*: Robert P. Walton, M.D., Charleston, South Carolina *Internist*: Robert T. Parker, Baltimore, Maryland *Surgeon*: William R. Sandusky, M.D., Charlottesville, Virginia *Pediatrician*: Alexander Schaffer, M.D., Baltimore, Maryland
3:45 P. M.	Recess to visit exhibits
4:00 P. M.	Clinico-Pathologic Conference *Moderator*: Edward F. Parker, M.D., Charleston, South Carolina *Internist*: George W. Wright, M.D., Cleveland, Ohio *Radiologist*: Merrill C. Sosman, M.D., Boston Massachusetts *Surgeon*: Richard H. Overholt, M.D., Brookline, Massachusetts *Pathologist*: H. R. Pratt-Thomas, M.D., Charleston, South Carolina

Officers

DR. THOMAS R. GAINES
President

DR. O. B. MAYER
President-Elect

DR. CLAUDE SEASE
Vice President

PROGRAM, MEETINGS AND ENTERTAINMENT

Monday, May 9—3:00 p. m. Meeting of Council, Francis Marion Hotel

Tuesday, May 10—10:00 a. m. Meeting of House of Delegates, Francis Marion Hotel
4:00 p. m. Dedication of Medical College Hospital
6:00 p. m. Reception.

Tuesday Evening, May 10—6:30 p. m. Francis Marion Hotel, Reunion of Class of 1935 and others.

Wednesday, May 11—Francis Marion Hotel
8:00 a. m. Breakfast, Officers and Directors of the Alumni Association
12:30 p. m. Alumni Luncheon and Business Meeting at Alumni Memorial House, Medical College.
Transportation from Francis Marion Hotel has been arranged.
P. M. Meeting, South Carolina Pediatric Society.

Wednesday Evening, May 11 Harbor trip aboard the Dixie Queen. The boat will leave from Union Pier at foot of Market Street at 7:30 or 8:00 p. m. A box supper will be served. Dancing will be available. Drinks may be had at a reasonable price. The cost of the supper and the trip will be $3.00 per person.

Thursday, May 12—8:00 a. m. Francis Marion Hotel. Breakfast for Medical Advisory Committee of the Crippled Children Society.

Thursday Evening, May 12—6:30 p. m. Francis Marion Hotel. Cocktail Party, Courtesy of Van Pelt and Brown.
Banquet at 8:00 p. m. Dance to follow.

The Cafeteria at the Alumni Dormitory is open at meal times for any alumnus who cares to visit.

All those who desire to play golf may do so by presenting registration card at The Country Club of Charleston and paying greens fee.

Speakers For Annual Meeting

MERRILL C. SOSMAN, M. D.

Dr. Sosman was born June 23, 1890, in Chillicothe, Ohio. He received his A.B. degree from the University of Wisconsin in 1913 and his medical degree from Johns Hopkins University in 1917. He was a resident physician at the United States Soldiers' Home Hospital in Washington, D. C., and later a graduate student at the Massachusetts General Hospital. He is now Roentgenologist in Chief, Peter Bent Brigham Hospital, Boston; Consultant Roentgenologist, Children's Hospital; Psychopathic Hospital, N. E. Peabody Home for Crippled Children (Boston), Cape Cod Hospital (Hyannis). He has been Professor of Radiology at Harvard Medical School since 1949. Dr. Sosman served in the United States Army Medical Corps from 1917-1922. He has contributed numerous articles concerned with diagnosis and therapy to the radiologic literature.

WILLIAM R. SANDUSKY, M. D.

Dr. Sandusky was born in Pensacola, Florida, on October 8, 1906. He received his A.B. degree in 1929 and his M.D. degree in 1932 from Vanderbilt University. He interned at the Johns Hopkins Hospital and the New York Hospital. He was Assistant Resident in Pediatrics, New York Hospital, September 1, 1933 to August 31, 1934; Assistant Resident in Surgery, New York Hospital, July 1, 1936 to June 30, 1938; Resident Surgeon, Boston City Hospital, August 1, 1938 to August 1, 1940; Research Associate, Bacteriological Research Laboratory of the Department of Surgery, College of Physicians and Surgeons, Columbia University, August 23, 1940 to April 15, 1942. He served in the United States Army for three-and-one-half years. He served in the European Theater of Operations for 28 months in the following positions: Assistant to Chief of Surgery, 5th General Hospital, Chief of

General Surgery Section, 160th General Hospital; Chief of Surgery, 111th Evacuation Hospital; Consultant in Thoracic Surgery, 804th Hospital Center. He was awarded the Legion of Merit for study of effects of penicillin on wounds incurred in battle. Dr. Sandusky is Associate Professor of Surgery at the University of Virginia.

MARK M. RAVITCH, M. D.

Dr. Ravitch was born September 12, 1910, in New York City. He received his A.B. degree from the University of Oklahoma in 1930 and his medical degree from the Johns Hopkins University School of Medicine in 1934. He held the following positions at the Johns Hopkins University School of Medicine: House Officer, Surgery, House Officer, Pediatrics, Harriet Lane Home; Hunterian Fellow in Surgery; Resident in Surgery; Surgeon; Assistant in Surgery; Instructor in Surgery; Assistant Professor of Surgery; Associate Professor of Surgery. From 1943-1946 he served in the United States Army as Assistant Chief of Surgery, Chief of Thoracic Surgery, 56th General Hospital. He held the rank of Major. Following this, he served as Honorary Associate Consulting Surgeon, Guy's Hospital, London, England; Clinical Professor of Surgery, Columbia University; Fellow, New York Academy of Medicine. Since 1952, Dr. Ravitch has been Director of the Department of Surgery, the Mount Sinai Hospital.

FORDE A. McIVER, M. D.

Dr. McIver was born November 16, 1916, in Charleston, South Carolina. He received his A.B. degree from the College of Charleston in 1938, and his M.D. degree from the Medical College of South Carolina in 1942. He received his post-graduate education at the Wisconsin General Hospital and Karolinska Sjukhuset, in Stockholm, Sweden. From 1948 to 1954 he has held the position of Associate in Oncology and Instructor in Pathology at the Medical College of South Carolina. Dr. McIver is now Assistant Professor of Surgery, Instructor in Pathology and Assistant Coordinator, Cancer Research Hospital, at the University of Wisconsin School of Medicine, Madison, Wisconsin.

ROBERT T. PARKER, M. D.

Dr. Parker was born October 9, 1919. In 1941 he received his A.B. degree and in 1944 his M.D. degree from the Johns Hopkins University. His post-graduate education included internship at the Lincoln Hospital in New York City and training in internal medicine in the Graduate School of Medicine, University of Pennsylvania, Veterans Administration Hospital, Fort Howard, Maryland; the University of Maryland School of Medicine, and the University Hospital, Baltimore. From 1945-1947 he served in the United States Army. From 1951-1953 he was instructor in Medicine, School of Medicine, University of Maryland, since 1953 he has been Assistant Professor of Medicine at the University of Maryland School of Medicine and since 1954 he has been Director of the Section on Infectious Diseases.

ALLEN C. BARNES, M. D.

Dr. Barnes was born December 18, 1911, in Coldwater, Michigan. He received his A.B. degree from Princeton University in 1933 and his M.D. degree from the University of Pennsylvania College of Medicine in 1937. He served as

Oxford Exchange Fellow in Surgery, McGill University during the spring of 1937. He recevied his M.S. degree from the Graduate School of the University of Michigan (Obstetrics-Gynecology) in 1941. He received his postgraduate education at the University of Michigan Hospital. For three years he served with the United States Army Medical Corps. From 1941-1942 he was an Instructor in Obstetrics and Gynecology at the University of Michigan Medical School and from 1945 to 1953 he was connected with the same department in the Ohio State University College of Medicine, serving as Chairman of the department from 1947 to 1953. Since 1953, he has been Professor and Chairman of the Department of Obstetrics and Gynecology in the Western Reserve University School of Medicine. His paper, "Body Production of ACTH in response to Gynecologic Surgery and to Radiation" received the 1952 Foundation Award for Gynecologic Research of the American Association of Obstetricians, Gynecologists and Abdominal Surgeons.

GEORGE W. WRIGHT, M. D.

Dr. Wright received his M.D. degree in 1932 from Indiana University and received postgraduate training at the Bellevue Hospital following an internship at the Barnes Hospital in St. Louis. He has also studied roentgenology under Dr. Hugh Wilson in New Haven, and physiology under Dr. Carl Wiggers at Western Reserve University. He organized a department of clinical physiology at Saranac Lake, where he served 14 years. For the past 18 months he has been Head of the department of medical research at St. Luke's Hospital in Cleveland and Associate Clinical Professor of Medicine at the Western Reserve University School of Medicine. Dr. Wright is well known for his studies of pulmonary function.

RICHARD B. JOSEY, M. D.

Dr. Josey received his B.S. degree from the University of South Carolina in 1929 and his M.D. degree from the University of Rochester Medical School in 1933. He underwent graduate training in pediatrics at the New York Hospital, Johns Hopkins Hospital, and the Baltimore City Hospital. He has been in the private practice of pediatrics in Columbia, South Carolina, since 1938 except for four war-time years spent in the United States Army. He is a member of the American Medical Association, South Carolina Medical Association, South Carolina Pediatric Society, and the Johns Hopkins Medical and Surgical Association.

H. RAWLING PRATT-THOMAS, M. D.

Dr. Pratt-Thomas was born in Barnsley, England, in 1913. He was reared in Sumter County, South Carolina, and received his A.B. degree from Davidson College in 1934 and his M.D. degree from the Medical College of South Carolina in 1938. He received his internship and residency training at the Cincinnati General Hospital. He is a member of the American Medical Association, Southern Medical Association, South Carolina Medical Association, and American Association of Pathologists and Bacteriologists. He is a former chairman of the Section on Pathology of the Southern Medical Association and a member of the faculty of the Southern Pediatric Seminar. He is a Diplomate of the American Board of Pathology and is the consultant in pathology at the Charleston Naval Hospital. Dr. Pratt-Thomas is Professor of Pathology at the Medical College of South Carolina.

F. H. WRIGHT, M. D.

Dr. Wright received his M.D. degree in 1933 from the Johns Hopkins University Medical School. He served a pediatric internship and residency at Johns Hopkins Hospital. He was Assistant and Chief Resident at Babies Hospital in New York from 1935-1938; Fellow in Pathology and Bacteriology, Rockefeller Institute for Medical Research from 1938-1940, and Assistant Professor of Pediatrics at the University of Chicago Clinics beginning in 1940. Dr. Wright is now Professor and Chairman of the Department of Pediatrics at the University of Chicago.

RICHARD H. OVERHOLT, M. D.

Dr. Overholt is a member of the Staff of the New England Deaconess Hospital and Director of the Overholt Thoracic Clinic. From 1931 to 1938 he was on the staff of the Lahey Clinic in Boston, and the five years before that time he spent at the University of Pennsylvania Hospital as a Fellow in Surgery and Intern. He graduated from the University of Nebraska College of Medicine.

ROBERT P. WALTON, M. D.

Dr. Walton's academic background includes the Ph.D. degree in chemistry at Columbia University and the M.D. degree at the University of Chicago, School of Medicine. As a pharmacologist, he has been a member of the teaching staffs of the Medical Schools of Tulane University, the University of Mississippi, the University of Chicago, and, since 1942, the Medical College of South Carolina. He has served on Committees of the Association of American Medical Colleges, the National Board of Medical Examiners and the American Society for Pharmacology and Experimental Therapeutics. He was Treasurer of this latter society for three years and is now collaborating editor of the Archives Internationales de Pharmacodynamie et de Therapie.

EDWARD F. PARKER, M. D.

Dr. Parker was born in Charleston on November 14, 1910. He received his B.S. degree from the University of South Carolina in 1931 and his medical degree from Duke University in 1933. Dr. Parker interned on the Surgical Service, Vanderbilt Hospital; was an Assistant Resident in Surgery at the University of Virginia Hospital; Assistant Resident in Surgery, Vanderbilt Hospital; Assistant in Surgery, Vanderbilt University School of Medicine; Resident in Surgery, Vanderbilt Hospital; Instructor in Surgery, Vanderbilt University School of Medicine. From 1942-1946 he served in the U. S. Medical Corps with the Thoracic Surgery Service 300th General (Vanderbilt University) Hospital, and was discharged with the rank of Lt. Colonel. Dr. Parker is now Associate Professor of Surgery at the Medical College of South Carolina and is in private practice in Charleston.

ALEXANDER J. SCHAFFER, M. D.

Dr. Schaffer received his A.B. degree in 1920 from the Johns Hopkins University and his M.D. degree in 1923 from the Johns Hopkins University School of Medicine. He had his graduate training at the Harriet Lane Home, in Baltimore. Since that time, he has

been on the part-time teaching staff, Department of Pediatrics, the Johns Hopkins Medical School and Visiting Staff, the Johns Hopkins Hospital. He is Associate Professor of Pediatrics at the Medical School and Pediatrician to the hospital; Chief of Pediatrics (nursery), Hospital for the Women of Maryland, Baltimore. From 1942 to 1946 he served in the United States Army Medical Corps with the rank of Lt. Colonel as Chief of the Medical Department of the 18th General Hospital and later of the Fort Meade Regional Hospital. His publications include contributions on chronic pyelonephritis in children, pneumonia in the newborn, and pseudomonas aerogenes infection in infancy and childhood.

KENNETH B. BABCOCK, M. D.

Dr. Babcock received his M.D. degree from the University of Michigan in 1926. He was in practice as a physician and surgeon from 1928-1941. From 1941-1947 he was Assistant Director, Grace Hospital, and from 1942-1945 he served in the United States Army as Lt. Colonel. From 1947-1954 he was Director of Grace Hospital; since that time he has held the title of Director, Joint Commission on Accreditation of Hospitals. He is a Fellow of the American College of Surgeons and the American College of Hospital Administrators. He is a member of the Blue Cross Commission (National) and Guest Lecturer in Hospital Administration at Columbia, Northwestern, and Minnesota Universities.

DR. WILLIAM WESTON, JR.
Delegate to A. M. A.

DR. GEORGE D. JOHNSON
Delegate to A. M. A.

CLINICOPATHOLOGICAL CONFERENCE

To be conducted on Thursday, May 12 at the Scientific Session.

This 75 year old white man, a retired merchant, was admitted to Roper Hospital on September 9, 1954, with a history of having developed marked cough and general malaise about six weeks previously. These symptoms persisted and several weeks later he developed fever, a marked quantity of yellowish-white sputum and severe dyspnea. His physician instituted postural drainage and gave penicillin, but without response.

He stated that he had had intermittent asthmatic attacks for 11 years. Increasing sputum and shortness of breath developed during the last two or three years so that at the time of admission the patient's activity was extremely limited. The patient had a supra-pubic prostatectomy in 1948 which was followed by several explorations of the bladder and a transurethral resection. The prostatic tissue showed benign hyperplasia. At the time of admission he weighed 90 pounds which apparently represented a 25-30 pound weight loss during the previous 8 months. His history concerning hemoptysis is contradictory as it was started by some historians that his sputum at times had been bloody, and others recorded that he denied any history of coughing up blood. In June, 1954, he had an infected bursa of his right foot which was excised. He had asthmatic attacks at that time with wheezes throughout the lung fields. A roentgenogram of the chest on June 24, 1954 (Figure 1) showed a diffuse

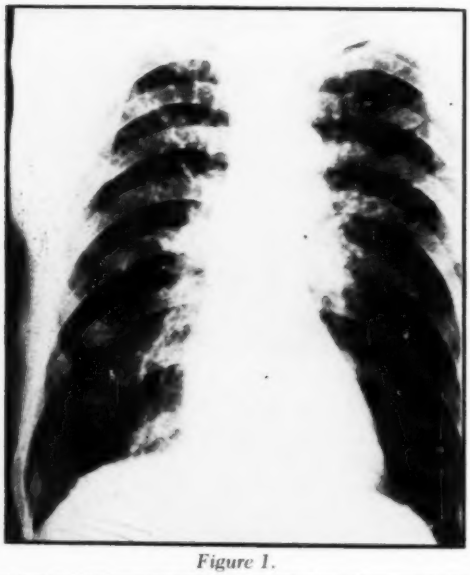


Figure 1.

and moderate degree of emphysema and non-specific pulmonary fibrosis. An electrocardiogram was interpreted as showing left bundle branch block. His blood pressure ranged from 150/90 to 200/120. The higher

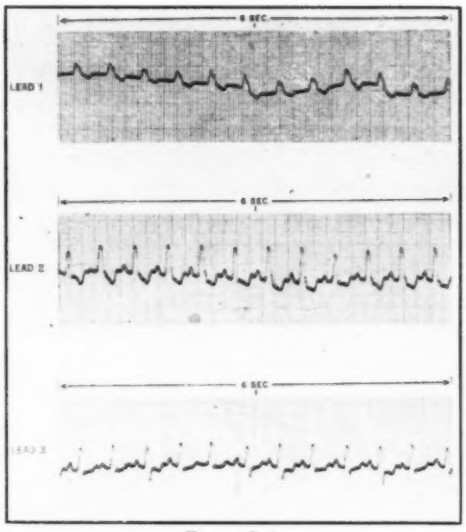


Figure 2-A.

reading was associated with a sudden attack of dizziness and shortness of breath. The patient chewed tobacco, but apparently did not smoke.

On physical examination he was a poorly nourished white man with a blood pressure of 160/90. His temperature was 99.4, pulse 100 and respirations 26. He was dyspneic. The heart sounds were distant and no murmurs were heard. The heart was not judged to be enlarged. The peripheral arterial pulsations were poor. Breath sounds were diminished over the left base with generalized expiratory and inspiratory wheezes and basilar rales. There was a lower midline abdominal scar, but no other abnormality. No neurological abnormality was noted.

The peripheral blood showed hemoglobin levels of 13 to 14 grams while the erythrocytes ranged from 3.7 million to 4.5 million. The leukocyte count was from 25,100 to 46,750. Polymorphonuclear leukocytes predominated ranging from 84 to 90%. Three percent eosinophiles were noted on one occasion. Urinalysis showed a specific gravity varying from 1.015 to 1.020. There was one plus albumin in one specimen. The other three were negative. One to four white blood cells were observed in the urinary sediment as well as an occasional erythrocyte. The blood urea nitrogen was 25 mg. per 100 ml. Three examinations of the sputum for acid-fast bacilli were negative. The sputum was examined on three occasions for neoplastic cells and none was found. Bronchial washings also yielded negative results. An electrocardiogram (Figure 2, A & B) was again interpreted as showing left bundle branch block. Roentgenograms of the chest on September 9, 1954 (Figure 3) three months after previous x-ray were described as follows: "PA view of the chest again reveals a moderate diffuse pulmonary emphysema. There is fibrotic streaking extending from

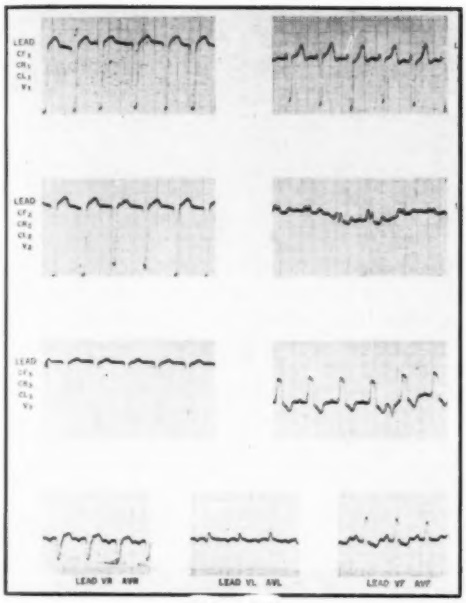


Figure 2-B.

both superior poles of the hila and from the inferior pole of the right hilum. Around the left hilum is a radiating zone of increased density that is more or less confined to the peri-hilar region. The heart is not enlarged. Oblique and lateral films of the chest again show the streaky, somewhat linear densities extending from the superior pole of the right hilum with slight elevation of the horizontal fissure. The previously reported left peri-hilar infiltration appears to be in the superior segment of the left lower lobe."

The patient continued to cough and to wheeze and received a large amount of aminophylline. Bronchoscopy was performed on September 13 with the following findings: "The left main stem bronchus showed a normal mucosa, but two cms. distal to the carina the entire left bronchial tree was markedly displaced laterally and superiorly. Just below the origin of the left upper lobe bronchus the left lower lobe bronchus narrowed abruptly and there was a ragged grayish polypoid lesion clearly visible at a point four cms. below the carina. This lesion almost completely obstructed the left lower lobe bronchus and apparently was circumferential in its extent. Multiple specimens for biopsy were taken and showed inflammatory exudate and non-specific inflammatory changes in the bronchial tissue. During this procedure a great deal

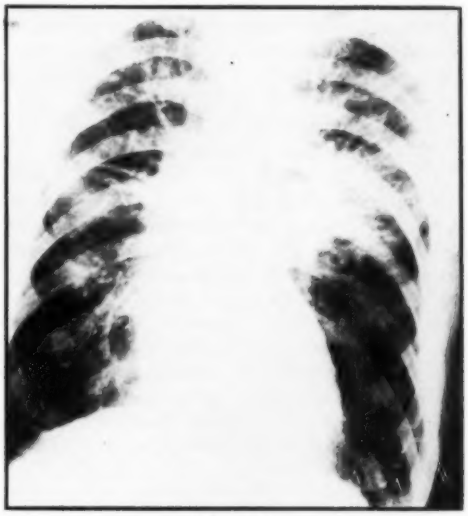


Figure 3

of bleeding was induced and the patient became deeply cyanotic."

The patient was mentally confused and disorientated for much of his hospital stay. His course did not show any dramatic variation until September 27, 1954, when at 8:25 a. m. the resident was called to see the patient because of cessation of cardio-respiratory activity, and he was pronounced dead, after being in the hospital for 18 days.

Exhibitor's Pages

A. H. ROBINS COMPANY, INC.
Richmond, Virginia

EXHIBIT DESCRIPTION:

Donnatal Extentabs, first of 'Robins' prescription items available in this newly perfected Extended-Action tablet form, will be featured at the A. H. Robins Company exhibit. Representatives will also welcome the opportunity to discuss with physicians the advantages of the other medications incorporating the spasmolytic-sedative efficacy of the Donnatal formula, including Donnatal No. 2, Donnatal Plus and Donnalate.

WM. P. POYTHRESS & CO.

The mild sedative, SOLFOTON, in tablet and capsule form, will be featured at the Poythress exhibit. Physicians attending the meeting are cordially invited to visit Booth No. 31 where information and professional samples on all Poythress specialties will be made available by Mr. Earby Walker, Jr.

LEDERLE LABORATORIES DIVISION,
American Cyanamid Company

You are cordially invited to visit our exhibit in booth #29 where you will find our representative prepared to give you the latest information on LEDERLE products.

THE BORDEN COMPANY
New York

There's no better place to talk over the latest information on infant feeding than the Borden Prescription Products booth. On display is the complete line of Borden's infant formula products for every feeding purpose or preference. You can feed almost any baby BREMIL, MULL-SOY (Liquid or Powdered), DRYCO or BIOLAC.

VANPELT & BROWN, INCORPORATED
BOOTH NO. 30
Richmond, Virginia

VanPelt and Brown extend a cordial invitation to visit their exhibit where representatives will be happy to answer questions and supply clinical samples of their products.

ELI LILLY COMPANY

You are cordially invited to visit the Lilly exhibit located in space number 35. The display will contain information on recent therapeutic developments. Lilly sales people will be in attendance. They welcome your questions about Lilly products.

The following Lilly salesmen will be in attendance at our exhibit during the meeting.

Mr. J. R. Smith (in charge of exhibit)
Mr. L. M. Bailey

W. T. HINNANT COMPANY

The W. T. Hinnant Artificial Limb Company has Exhibit Booth No. 14 and will exhibit a full line of prosthetic and orthopedic appliances, which includes all three kinds of artificial limbs—wood, fibre and metal, plus the latest developments in artificial arms.

WACHTEL'S PHYSICIAN SUPPLY CO.

A few of the things we will have will be one of the latest models Burdick EKG machine, a Microtherm, and a very nice display of Lawton eye instruments.

J. B. ROERIG COMPANY

Physicians and their friends are cordially invited to visit the ROERIG booth (26) where there will be highlighted the Company's preparations, some of which Roerig has pioneered and established for a wide acceptance in the medical profession. ROETINIC, the new 1 a day hematinic for all anemias amenable to oral therapy. BONADOXIN, for the prevention of nausea and vomiting of pregnancy and post operatively. ASF, Roerig's new anti-stress formula, and VI-THYRO, for the vitalization of the thyroid and improved thyroid action. Also available will be VITERRA, VITERRA THERAPEUTIC, AMPLUS, OBRON, OBRON HEMATINIC and HEPTUNA PLUS. Samples and literature may be had on all products including adequate amounts for clinical trial.

LANIER COMPANY

THE LANIER COMPANY, WORLD'S LARGEST DISTRIBUTOR OF DICTATING MACHINES, devoted exclusively to sales and service of AUDOGRAPH and PHONAUDOGRAPH PUSH BUTTON DICTATION PRODUCTS, will welcome all delegates at Booth #15.

On display they will find the versatile individual AUDOGRAPH dictating machine. Also available for display will be the new PHONAUDOGRAPH TELEPHONE DICTATION SYSTEM.

"Once you've tried PHONAUDOGRAPH dictation, old-fashioned methods are out forever-----."

PET MILK COMPANY

We will be pleased to have you stop and discuss the variety of time-saving material available to busy physicians. Our representatives will be on hand to discuss the merits of 'Pet' Evaporated Milk for infant feeding and INSTANT 'Pet' Nonfat Dry Milk for special diets. A miniature 'Pet' Evaporated Milk can will be given to all visitors.

MEAD JOHNSON & COMPANY

Mead Johnson & Company invite you to see new

displays of Liquid Lactum and Powdered Lactum, the infant formula products with balanced distribution. Also featured in the Mead booth will be Liquid Sobee, a hypoallergenic (milk-free) soya formula; Natalins, the smaller prenatal vitamin-mineral capsules; Natalins-T, for the treatment of anemias of pregnancy plus protective nutritional support; and Sustagen, the complete food for tube or oral feeding.

WINCHESTER SURGICAL SUPPLY CO.

Again for the thirty-fourth time it is our pleasure and privilege to attend your annual meeting to display and demonstrate latest and improved models of medical and surgical equipment and supplies.

We are listing below a few items we will have on display for your observation and interest:

Burdick Ultrasonic Unit
Burdick EKG
Office Model Autoclave
Short Wave Diathermy
Microtherm
Hyfrecator

and many other items.

CIBA PHARMACEUTICAL PRODUCTS, INC.

The CIBA exhibit will feature SERPASIL, a pure crystalline alkaloid of Rauwolfia possessing the essential antihypertensive actions of the whole root. SERPASIL offers mild, gradual, sustained lowering of blood pressure with a slowing of the heart rate; a tranquilizing effect beneficial in most cases of hypertension; and unvarying potency.

DOHO CHEMICAL CORPORATION

Doho Chemical Corporation pleased to exhibit:

AURALGAN, the ear medication for the relief of pain in Otitis Media and removal of cerumen; NEW OTOSMOSAN, the effective, non-toxic ear medication which is fungicidal and bactericidal (gram negative-gram positive) in the suppurative and aural dermatomycotic ears; RHINALGAN, the nasal decongestant which is free from systemic or circulatory effect and equally safe to use on infants as well as the aged.

MALLON CHEMICAL CORPORATION,

Subsidiary of the Doho Chemical Corporation,

is also featuring: RECTALGAN, the liquid topical anesthesia, also for relief of pain and discomfiture in hemorrhoids, pruritus and perineal suturing.

A. S. ALOE COMPANY

A cordial welcome is extended to the members of the South Carolina Medical Association to visit A. S. Aloe Co. exhibit. A unique array of Surgical, Physio-Therapy, X-Ray and Laboratory Equipment will be displayed.

PFIZER LABORATORIES

The Pfizer exhibit again will be in the spotlight with its new and original concept of anti-stress, anti-infective therapy—TERRAMYCIN SF and TETRACYN SF. Also featured will be the complete line of Pfizer broad-spectrum antibiotics and STERAJECT as well as the new specialties, BONAMINE, TYZINE and TOCLASE.

CHARLES C. HASKELL COMPANY

The Haskell exhibit features their latest preparation "QuerSerpin," containing reserpine, quercetin and ascorbic acid. The dual action of the components of "QuerSerpin" establishes its value in the therapy of mild to moderate hypertension and in the correction of capillary fault.

WINTHROP-STEARNS INC.

New York, N. Y.

Featured will be:

THEOMINAL R. S. (Theominal with Rauwolfia serpentina), an alliance of the classic and contemporary in antihypertensive compounds. Theominal R. S. combines the vasodilator and myocardial stimulant actions of theobromine and Luminal with the moderate central hypotensive effect of Rauwolfia serpentina. Gentle sedation calms the patient and a feeling of "relaxed well being" is established. Headache and vertigo disappear as the blood pressure and pulse rate are reduced gradually.

DICTAPHONE CORPORATION

Dictaphone Corporation will feature two new ways with words. For busy doctors—the Dictaphone Time-Master dictating machine and plastic Dictabelt record. Magnesium-light for portability, the new Time-Master offers busy professional men everywhere dictation unlimited. For hospital medical records—the Dictaphone Telecord System of network dictation by phone. Any number of Telecord Dictation stations connected to one or more Time-Master Central Recorders brings *time-conditioning* to the entire hospital. Dictation by phone centralizes transcription, cuts communication costs to the minimum. Try both new ways with words at the Dictaphone Corporation booth.

WESTWOOD PHARMACEUTICALS, INC.

Westwood will display Gentia-Jel—the only effective gentian violet jelly you can prescribe for self treatment by the patient at home. Eliminates messy office treatments which often stain your furniture and clothing.

Lowila Cake—the only completely soapless skin cleanser, in cake form, available to your allergic or dermatitic patients whenever soap is contraindicated. Obtain a Lowila Cake from the Westwood booth for your own personal use.

W. B. SAUNDERS COMPANY

The W. B. Saunders Company, Medical Publishers

of Philadelphia, represented by their Southern agents, the J. A. Majors Company will occupy space No. 8. Among the many medical works being featured will be Conn CURRENT THERAPY 1955, Ochsner & DeBakey's revised edition of Christopher's MINOR SURGERY, Alexander REACTION WITH DRUG THERAPY, Green & Richmond PEDIATRIC DIAGNOSIS, Deutschberger FLUOROSCOPY IN DIAGNOSTIC ROENTGENOLOGY, and Shackelford's SURGERY OF THE ALIMENTARY TRACT, 3 volumes.

PARKE, DAVIS & COMPANY

Medical service members of our staff will be in attendance at our exhibit for consultation and discussion of various products of particular interest to members of the Association. Important specialties, such as Penicillin S-R, Benadryl, Chloromycetin, Ambodryl, Dilantin Suspension, Vitamins, Oxycel, Milontin, Amphedase, Thrombin Topical, etc., will be featured. You are cordially invited to visit our exhibit.

GENERAL ELECTRIC COMPANY

We are planning to exhibit X-ray Equipment and Physical Therapy items including our MODEL F-11 INDUCTOTHERM,—and our DWB CARDIOSCRIBE.

TABLEROCK LABORATORIES, INC.

Tablerock Laboratories, Inc., extends a cordial invitation to visit booth number 34, where representatives will be on hand to discuss the latest therapeutic contributions made by this firm. Featured will be TADONA, a new, well-tolerated anticholinergic for peptic ulcer, hyperacidity, pylorospasm, spastic and irritable colon. Also featured, will be BISMUTH VIOLET Suppositories for the treatment of monilia infections and RAUJA, tablets of the whole root of Rauwolfia serpentina.

ABBOTT LABORATORIES

Abbott Laboratories will display ERYTHROCIN, the antibiotic of wide range activity against "coccal" organisms; TRONOTHANE, Abbott's new non-"caine" topical anesthetic; BLUTENE, the non-hormonal oral drug for treatment of functional uterine bleeding; COVICONE Protective Skin Cream for protection against certain contact dermatoses; and SUCARYL, a non-caloric sweetener which has no aftertaste and is useful for diabetic and weight reducing diets. Numerous other Abbott products—nutritional supplements, antibiotics, antihistamines—will also be exhibited.

SEALY OF THE CAROLINAS

We propose to display the new Sealy Posturepedic with exclusive Comfort-Gard. This mattress, on its own special foundation, automatically adjusts your body to comfortably correct sleeping posture. It is the only mattress in the world designed in co-operation with leading orthopedic surgeons so that you cannot sleep incorrectly.

Exclusive Comfort-Gard means; button-free top, no buttons, no bumps, no lumps, lifeline construction preventing shifting of mattress padding, live action coils for posture adjustment, scientific firmness which helps relieve morning back ache due to sleeping on too soft a mattress, matching coil on coil Posturepedic foundation for complete posture perfect sleeping.

We are also hopeful of displaying the Posturepedic Foam Rubber mattress over its matching 308 coil Posture Lok foundation unit. This outfit has been judged by a national testing company to be 50% firmer and with 75% less side sway than any comparable item on the market.

U. S. VITAMIN CORPORATION

Our exhibit will feature CVP, a water-soluble, more active citrus flavonoid compound (vitamin P complex) potentiated by vitamin C. CVP has been found to be highly effective clinically . . . proved by more than 2,000 cases thus far reported . . . in increasing capillary resistance and checking bleeding due to capillary fragility in hypertension, diabetes, purpura, uterine bleeding, post-surgical bleeding and other hemorrhagic conditions. It has also been found valuable in controlling symptoms and reducing fever in the common cold, influenza, pharyngitis, tonsillitis and certain respiratory infections.

Professional samples and literature on CVP and other of our nutritional specialties will be distributed at our booth.

OTHER COMMERCIAL EXHIBITORS
1955 ANNUAL MEETING

American Bedding Co.
American Surgical Supply Co.
The Forreger Co.
Harrower Laboratory
Powers & Anderson
Zimmer Mfg. Co.

Committee Reports 1954-55

PROGRAM COMMITTEE

As you know, this committee includes Dr. Richard B. Josey of Columbia, Dr. Rowland F. Zeigler of Florence, Dr. William Schulze, of Greenville. I am most grateful that all of these gentlemen have been cooperative and most helpful in the activities of the committee.

The committee has met once in Columbia in June, at which meeting Dr. Wilson and Dr. Gaines were present and at which a tentative outline of the Scientific Program was made. A copy of the tentative program has been outlined, and there have been no changes made since that time.

We are hopeful that this will prove to be a satisfactory program for the members of the State Association.

Henry W. Mayo, Jr., M.D.
Chairman

COMMITTEE ON AMERICAN EDUCATION FOUNDATION

The contribution of the physicians of South Carolina to the American Medical Education Foundation has again been very disappointing. Only four states had fewer number of contributions and only one other state contributed as small an amount of money.

The American Medical Education Foundation has collected for the year 1954, $1,101,578.31. This has been added to the National Fund for Medical Education's $1,586,840.20 to make a total of $2,688,418.51. All of this money is to be distributed to the Medical Colleges to aid in the present crisis in medical education. The physicians of South Carolina and the Women's Auxiliaries have contributed $470.00.

In some states, notably Illinois and Utah, the state associations have levied an assessment of $20.00 per year from each of their members. The Medical Association of South Carolina in the beginning made a contribution of $10,000 from its treasury but since that time has not taken official action in this area.

It is estimated that the cost of medical education is approximately $2,500.00 per year per student. The tuition which the student pays varies from $400.00 to $750.00 per year. The difference must come from other sources. Various methods of supplying this deficit have been proposed from Federal aid to medical education to requiring the student on admission to sign a note to repay the difference in his productive years. None of these plans has seemed attractive so that in 1950 the program of voluntary subscription by physicians themselves was proposed. This scheme has received the active and financial support of the American Medical Association on the grounds that the difficulties facing the medical profession should properly be handled by the physicians themselves. Its success depends on the wholehearted support of individual physicians.

The issue, therefore, appears to be that unless the members of the medical profession wish to have the problem of the plight of medical schools solved by some outside agency they should vigorously support the plan endorsed by those who do not desire to see encroachment by federal subsidy.

Respectfully submitted,
John T. Cuttino, M. D.
Committee Chairman

COMMITTEE ON INDUSTRIAL HEALTH

The Committee met at the call of the Chairman, September 26, 1954, Columbia, S. C. Appropriate action was taken to implement those recommendations as contained in the 1953-1954 Annual Report of the Committee, which had received the approval of the House of Delegates at the 1954 Annual Meeting.

Plans were formulated and a committee appointed to confer with Drs. Lynch and Cuttino regarding the Seminar on Industrial Health. As a result of their excellent planning and fine cooperation, the first Annual Seminar will be held at the Medical College, March 17, 1955. Contributing to the outstanding program which has been arranged are faculty members of the Medical College, a full-time Medical Director in industry, as well as representatives of the Industrial Commission, South Carolina Textile Manufacturers' Association, and the Legal Profession. Members of the medical profession from South Carolina, North Carolina and Georgia, as well as members of the South Carolina Association of Industrial Nurses, have received invitations to this Seminar.

Your Committee communicated with the State Health Officer, Dr. G. S. T. Peeples, and offered assistance toward effecting a reinstatement of the Industrial Hygiene Division of the State Board of Health. Dr. Peeples' indicated a definite interest in the proposal. However, he requested that action be withheld until a more opportune time.

Dr. Edward M. Gunn was the official representative of the South Carolina Medical Association to the Fifteenth Annual Congress on Industrial Health, sponsored by The Council on Industrial Health of the American Medical Association, January 23-26, 1955, Washington, D. C. Three major sessions were held, viz:

(a) Joint Session, Council on Industrial Health and Directors of the Industrial Medical Association to which State Medical Society Representatives and District Counsellors of the Industrial Medical Association were invited. Subjects included: Corporations and Corporate Medical Practice, Legal Aspects of Approval Programs, Legislative Preview of Current Congress, General Practice and Progress relative to Specialty Certification in Occupational Medicine.

(b) Joint Conference of Chairmen of State Medical Society Committees on Industrial Health. Thirty-nine states were represented. The major subjects discussed were: Vocational Rehabilitation, Occupational Health Program of the Public Health Service, A Study of the Costs of Employee Sickness and Health Services (Progress report of investigation by research teams at Universities of Pittsburgh and Michigan, and a tour of the Clinical Research Center, National Institute of Health, Bethesda, Maryland).

(c) Open Congress devoted to a two day session for each of three groups, viz:

(1) Occupational Health—Major Factor in Community Health.

(2) Impact of the Atomic Energy Industry on Community Health.

(3) The Challenge of Occupational Disability.

Several members of your Committee participated in the symposium which was presented by and under the sponsorship of the South Carolina Industrial Nurses' Association. This excellent meeting was held at Furman University, Greenville, S. C., October 29-30, 1954.

The Committee has also been cooperating fully with the newly organized Industrial Medical Society of South Carolina. This Society has a purpose which is in keeping with the Ten Point Program of our State Association, viz: "The object of this Society shall be to foster the study of the problems peculiar to the practice of industrial medicine and surgery, and to unite into one organization licensed members of the medical profession in South Carolina whose interest lies in that field. It shall encourage the development and application of methods adapted to the conservation and improvement of health among workers, and promote a more general understanding of the purposes and results of the constructive medical care of these workers".

The Committee participated in a meeting held in Columbia, February 9, 1955. This session was devoted to a discussion of proposed legislation relative to professional fees for service connected with occupational injury and illness cases.

This Committee recommends that Council and the House of Delegates approve the "Guiding Principles of Occupational Medicine", as prepared by the Council on Industrial Health of the American Medical Association, and published in J.A.M.A., No. 4, Vol. 155, Pages 364-365, May 22, 1954. Further, that American Medical Association be informed of action taken. The Secretary has in his files a reprint of the referred to Principles.

It further recommends that, the House of Delegates request the Program Committee of the 1956 Annual Meeting of the Association to provide adequate time on the program for at least one authority on the subject of Occupational Health.

Respectfully submitted,

W. W. Edwards, M.D., Chairman

COMMITTEE FOR SCHOOL HEALTH

The committee for school health of the South Carolina Medical Association had its organizational meeting at the Wade Hampton Hotel in Columbia on Sunday, September 26, 1954. Members present were Dr. J. R. Paul, Jr., Chairman, Dr. Robert Brownlee, Greenville, Dr. George Dawson, Florence, and Dr. Hilla Sheriff, Columbia (ex-officio advisor, the director of the Division of Maternal and Child Health of the State Health Department), Dr. E. W. Tucker of Greenwood telephoned that he could not be present because of emergency sickness in his family.

The committee considered the problem of school health in South Carolina after studying and discussing reports and recommendations of several other committees on school health of other states and also the recommendations of the American Academy of Pediatrics and of the committee on school health of the AMA.

The American Academy of Pediatrics study of Child Health Services in South Carolina (based on figures for the year 1946) was also studied and used as a guide to general understanding, though long out of date, of the magnitude of the problem in South Carolina.

The following report which is hereby submitted to the parent organization was prepared as the committees recommendations for establishing a practical program by the Medical Association for school health in South Carolina.

A. *General Considerations*:

The ideal of adequate medical supervision of the health of children cannot be confined only to the time that children are in school but should embrace health supervision in the modern sense of the word and with all that this implies from birth and throughout childhood and adolescence. Such health supervision should have continuity and to be most effective, should not be rendered piecemeal only during school years or school hours. It should provide not merely a program of specific immunizations or immunizations plus certain additional scheduled examinations, but should provide positive plans designed to protect all children from preventable diseases including mental as well as physical and in addition, provide education in attitudes of hygiene and health education.

One minimum requirement of such a program which has been accepted by the American Academy of Pediatrics is periodic medical examinations and consultations of doctors with parents and children at monthly intervals for the first 6 months, then at variable longer intervals to school age during which years supervisory health examinations and consultations should be conducted annually.

The committee has a strong conviction that cursory mass examinations of groups of children in pre-school clinics, not only fail to accomplish the desired goal of finding and remedying hitherto unknown illness, but actually give many parents and school people a false

sense of security that the children have been carefully supervised and thus prevent, or at least hinder, the proper study and evaluation of patients that will serve best the health interests of the children.

A proper annual examination and health consultation should consume on the average not less than 15 or 20 minutes and should be conducted in confidence between doctor, parent and child.

Since the large number of school children and the small number of qualified interested physicians make it unlikely that ideal health supervision could be given to all school children in South Carolina as a public health service, such as education is now given, and since this committee cannot condone mediocre and probably harmful practices, our first recommendation is that every effort be made to educate parents to seek and obtain adequate pediatric care on a private patient basis. Such visits to private physicians should be in lieu of clinic visits. Pertinent information from these visits should be made available to school health officials as below outlined.

Proper supervistory medical care should be considered as important as emergency care of sick children and should be rendered to under-privileged or charity cases by the medical profession just as the care of indigent sick children is now rendered. This might be done by extending the well baby clinic plan to ininclude well school clinics.

The committee took cognizance of the fact that there is a tremendous amount of interest in school health in all communities and that effective help can and will be given to the support of this objective by lay and non-professional groups. These groups look to organized medicine to give guidance and professional advice in the many essential parts of the problem.

We feel that there can be no more effective means of promoting good public relations between organized medicine and the laity than for doctors to offer and provide this essential guidance and take the lead in putting effective school health programs into execution.

B. *Recommendations*:

The committee has three general recommendations toward the attainment of its objective:

1. Organize local committees in each County Medical Society. These committee's should:

(a) Meet periodically with health Department and local school administrators to plan an effective local health program, discuss its problems including preschool supervision and routine immunization practices.

(b) Plan definite programs of public information and education in school health matters, i.e., radio, newspapers and P.T.A. meetings.

(c) Make definite plans for teacher training in daily health appraisals, periodic evaluation of growth and development, accident prevention and emergency handling of medical problems.

(d) Supervise establishment of first aid facilities and be aware of their adequacy as to personnel and equipment.

(e) Be concerned about physical education programs in primary schools, high schools and colleges. This should include provision for periodic certification of athletes before the season and following injuries and illnesses. The group should probably also collaborate with playground officials concerning safety of organized sports and games out of school hours.

(f) Report to this state committee the facts of local committee organization, membership and activities.

2. This committee plans to seek collaboration with the state dental association in mutual problems.

3. This committee plans to keep abreast of educational materials and transmit these to local committees. In this connection, three documents are hereby transmitted with the recommendation that they be adopted for use in all schools in the state under the guidance of the local committees.

These have been prepared by the State Joint Health and Education Committee in the course of their continuing efforts in school health. The first of these is an indexed poster which is arranged for quick reference and which should be in every school. It gives directions for emergency care of children for sickness or injuries that occur in school. It has been carefully worked over and compiled.

The second is a pair of health record forms which, if properly filled out and kept up, should provide the basic record of the health and progress of a child during his school career and which, if critically reviewed at periodic intervals, should greatly assist in selecting those children who do not have proper care and who need to be referred for such.

The third is a manual which describes the purposes and technique of keeping and using these health records.

C. *Summary*: The committee recognizes:

1. The need for organized supervision of child health in our state, specifically of school health as a part of, but not separate, from the broad concept of child health.

2. The fact that if organized medicine as such does not take the initiative in a positive approach to provision of adequate health supervision of all children, other means less acceptable to the profession of providing this essential requirement of society will be found. Further, that proper recognition of and attention to this responsibility by the organized profession can be a tremendous factor in bettering public relations for the profession.

3. The fact that ideally, child health supervision is a function that can be accomplished by unhurried conferences between a trusted family doctor or pediatrician and the child and his parent. Such ideal child health supervision should be encouraged wherever possible rather than discouraged as is currently being done unintentionally, by many practices of "round-up" programs.

4. When adequate care is not provided, and then

only, provision for such care should be arranged by the profession in as complete and intelligent a way as possible, and on some such basis as indigent care of sick children is now conducted.

We suggest in addition to the now familiar "well baby clinics", a form of "well school child clinic" for continuation of preventative pediatric care beyond infancy.

5. The committee discussed but did not make specific recommendations, about provisions for records of private patient examinations, particularly as regards information of a possibly confidential nature in such records. We do feel that there should be some health record on every school child in the school for the use of the teachers and other faculty. In the case of children who do not attend clinics such records would have to come from their private doctors as excerpts from their own records. Clinic patient records (also appropriately edited) should come from the clinics.

6. The need for such specialized supervisory functions as dental, eye, orthopedic, etc., case finding clinics.

7. The need for such special services by the profession as providing for health education of pupils and education of teachers in health supervision on the job and health education in the school.

8. Finally we recognize the special need for provision of emergency and first aid facilities and instruction and for medical supervision of physical education programs.

In meeting these recognized needs, the committee recommends appointment of local committees. The state committee should then function in a central capacity of aiding the setting up of these committees, disseminating information to them and receiving reports from them.

The committee considered the advisability of meeting with some lay committee as a group of educators or P.T.A. representatives. Such meetings may be arranged and may bear fruit. However, the committee felt that it should first report to its parent organization before proceeding further.

Respectfully submitted;

J. R. Paul, Jr., M.D.
Chairman

Dr. Robert Lee Sanders
Dr. E. W. Tucker
Dr. Hilla Sheriff, ex-officio
Dr. Robert C. Brownlee
Dr. George Robert Dawson

COMMITTEE ON MATERNAL WELFARE

The Committee on Maternal Welfare of the South Carolina Medical Association has met three times this year on the following dates—September 22, 1954, October 17, 1954, and November 17, 1954, in the conference room of the State Board of Health, Columbia.

The first meeting was concerned mostly with the plan of approach in studying maternal deaths. It was decided that the chairman would prorate the deaths among the various members of the Committee for detailed study. Each case then would be reviewed by the entire Committee and would be referred to by number only—the names of the patients and the doctors being kept confidential. Since the Committee, as presently constituted under the Constitution and By-laws of the South Carolina Medical Association, consists of a Chairman nominated by the South Carolina Obstetrical and Gynecological Society, three general practitioners appointed by the President of the South Carolina Medical Association and a Secretary who is the Director of the Division of Maternal and Child Health of the State Board of Health, the Committee felt it was too small in number to undertake such a comprehensive study. The Committee, therefore, felt that five additional members should be appointed, that these new members should be qualified obstetricians, that they should come from different geographical centers in the State, and in order to insure continuity of work, that these members should be recommended by the Chairman to the President of the State Medical Association. This was done and since the new members could not legally serve on the Committee as such they were appointed as "Consultants to the Director of the Division of Maternal and Child Health." The Committee, as so constituted, has functioned so smoothly that the Chairman now recommends to the Delegates to the South Carolina Medical Association that appropriate action be taken to change the By-laws to perpetuate this change. (See last paragraph of this report.)

The subsequent meetings have been concerned with the entire Committee's review of data available concerning each death. Much discussion is often provoked before the Committee finally reaches a decision. The Chairman then writes a letter to the doctor signing the death certificate giving him the decision of the Committee. The Committee has reviewed a back log of fifty-five (55) cases, most of which had accumulated due to the illness of Dr. Guess, the former Chairman of the Committee. The Committee wishes to recognize the vast amount of work and the sterling contributions to Maternal Health in our State by Dr. Guess during his years of faithful service.

These meetings have been well attended by its members, two having had the entire membership present. At the last meeting there were only two members absent—the only ones that have missed a single session.

Since the Committee had no idea how many cases could be reviewed at each meeting and it did not wish to inconvenience interested physicians by inviting them to come to Columbia and then not have their particular case reviewed, it was decided to postpone this former arrangement temporarily.

This Committee has acted in the capacity of Technical Advisor to the maternity program of the Maternal and Child Health Division of the State Board of Health and has advised with the Division director on a number of problems.

The secretarial work, consisting of matching birth certificates with maternal death certificates and transferring to questionnaires, mailing questionnaires which solicit additional information concerning the maternal deaths and the correspondence regarding the cases, is carried out by the staff of the Maternal and Child Health Division of the State Board of Health.

There have been several questionnaires that have not been acknowledged by physicians responsible for their care. It is felt that this has in some measure been due to the time lag between the time of the death of the patient and the time the physician has received the questionnaire. This in turn has been due to the aforementioned back log of cases and also to the method of reporting deaths through local registrars who in many instances are tardy in forwarding the death certificates to the Bureau of Vital Statistics in Columbia, whence the Committee obtains copies of death certificates. Both of these situations are being remedied.

The Committee on Maternal Welfare of the South Carolina Medical Association in an Executive Session has passed the following resolution:

"Be it resolved that the Committee on Maternal Welfare of the South Carolina Medical Association respectfully petition the Delegates to the South Carolina Medical Association to amend the Constitution or By-laws or both of the South Carolina Medical Association to permit the appointment of five (5) additional members to the aforementioned Committee as now constituted. Be it further resolved that, in order to insure a continuity of efficient work, these five additional members be qualified obstetricians to be nominated by the Chairman of the Committee and appointed by the President of the South Carolina Medical Association."

Respectfully submitted,
Frank B. C. Geibel, M.D.
Chairman

Dr. J. P. Booker	Dr. Hiram B. Morgan
Dr. Sam Garrison	Dr. Hilla Sheriff
Dr. Heyward Fouché	Dr. J. W. Snyder
Dr. David Watson	Dr. Lawrence Hester

ADVISORY COUNCIL TO THE WOMAN'S AUXILIARY

The Woman's Auxiliary to the South Carolina Medical Association has functioned during the past year without calling upon the assistance of this committee, indicating that no major problems or policy changes were considered. The committee, on the other hand, has had occasion to learn through various channels that the Auxiliary is filling a big need for the Association. Their loyalty, enthusiasm and vision are evident from many sources and the committee would like to take this occasion to emphasize the importance and potential strength of this organization. We feel confident that public relations as regards the Association have been smoothed and bettered by this organization, and we hope that the Auxiliary will feel free to approach the Association with any problems or concepts that would be for the betterment of the Association. We are indebted to them and appreciate their efforts.

Respectfully submitted,

John Seigling	O. B. Mayer, Chairman
George Blalock	Carl West
M. L. Meadors	John C. Buchanan

COMMITTEE ON COMMITTEES

The committee appointed to study the appointment of committees held one meeting, and the problem of overlapping and duplication of committees was discussed. The committee recognized the desirability of having as many of the members of the Association as practical entering into its activities, yet overlapping and duplication adds to confusion and a less efficient overhead structure. Therefore, the committee feels that standing committees should be used to a fuller extent and special committees for matters not covered by the standing committees. We should particularly recommend this to the members of Council and the House of Delegates.

There are at present eight standing committees and fourteen special, or a total of twenty-two committees; with a total membership of some one hundred and thirty members, several serving on two or more committees.

It was also pointed out that those accepting membership on a committee carry the responsibilities and should be aware of them at the time of acceptance.

Respectfully submitted,

C. R. F. Baker	O. B. Mayer, Chairman
Robert Wilson	J. P. Cain

MEMORIAL COMMITTEE

As true disciples of Aesculapius, we stand in perpetual gratitude to our preceptors. It is not only becoming, but a cherished privilege to honor and repect our seniors during their lifetime, so we make apology to no one when the busy schedule of this society is stilled in order that we might, as a body, memorialize those who have recently passed on to the Omega chapter of our order. We approach this moment with thanksgiving and humility—thankful that we have enjoyed the privilege of association, and humble in assuming the responsibility of those who are not present today. It is our responsibility to take up the cast-off mantle and torch, pressing forward in "the highest art", for by well doing ourselves we will reflect honor upon those in whose wake we follow. Our text might well be "Teach us to number our days that we may apply our hearts unto wisdom".

The crusade for higher standards of health continues. Those who have blazed the way to glorious triumphs in modern medicine lived to see victory after victory, and were sustained in their last moments by the conviction that the battle would continue until

all disease, pain and suffering is conquered. It is but human to be saddened by the departure of our brothers, but we may rejoice in the knowledge that they are followed by an ever-increasing number of physicians who have the same ideals and aspirations.

George R. Wilkinson, Chairman
Kenneth M. Lynch, Jr.
George M. Truluck

COMMITTEE ON CONVENTION CRUISE

Our committee met the last of November, at which time we formulated plans to canvass the membership on the proposed cruise. The committee decided that the 5-day cruise to Havana, which would give us 24 hours ashore, would probably appeal to the membership more than going to Bermuda. Both the Ravenel and McInnes Travel Agencies in Charleston were contacted by Dr. Hanckel. These agencies requested that we first poll the membership, in order that we might attempt to determine the approximate number that would be interested. We are relatively sure that we can obtain a suitable vessel, which would leave the port at Charleston, for the cruise. The majority of the drug houses will purchase floor space for exhibits, either from the travel agency or the Medical Association, depending upon the arrangements that are made with the agency by the Association. As stated in the Journal, the affair would cost approximately $150.00 per person. We are writing to the secretary of each County Medical Society, requesting that they remind each member to comply with the request in the Journal.

Dr. Harry A. Davis, Jr., Chairman
Dr. R. W. Hanckel
Dr. W. R. Walker

COMMITTEE ON HISTORICAL MEDICINE

During the past year the Committee has continued to gather historical material and to make some preparation for eventual publication. The Committee respectfully requests that the Association again appropriate a sum of $500.00, which is to be held along with funds previously appropriated, to aid in the publication of a history of medicine in South Carolina whenever it is ready. The Committee begs to remind the Association that if the history does not materialize, the funds will be returned to the Association.

J. I. Waring, M. D., Chairman
Chapman Milling, M. D. R. M. Pollitzer, M. D.

COMMITTEE ON INFANT MORTALITY

This Committee has continued to carry on investigation of the causes of our high mortality among premature infants. Its past work and future plans may be summarized briefly in the minutes of the meeting held in Columbia on January 2:

"The meeting was opened by a resume by the Chairman of the work of the Committee up to date. This work had consisted chiefly of efforts to place speakers on medical programs in the state and questionnaires aimed at obtaining a picture of conditions pertaining to the mortality of premature infants. The conclusion was that this effort to obtain information had progressed as far as was necessary and that the information secured gave a sufficiently clear picture of the deficiencies in our methods of handling premature babies. It was felt that the time had come for some active program instead of one aimed chiefly at statistical information. After some discussion, it was decided that the Committee sponsor, with the help of the Division of Maternal and Child Health, a series of 10 Institutes (dealing with prematurity) at 10 different points in the state, these being Greenville, Spartanburg, Greenwood, Lancaster, Columbia, Florence, Conway, Orangeburg, Walterboro and Charleston. It was proposed that for each of these Institutes speakers be obtained from adjacent areas and that each Institute include a speaker on:

1. Prenatal care as concerns prematurity
2. General methods of prevention of prematurity
3. The handling of premature labor
4. The care of the premature baby
5. Administrative problems concerned with prematurity
6. Nursing care of premature infants.

"It was decided that these Institutes could best be held in the afternoon and evening, and that some arrangements might be made for supper between sessions. Speakers would be selected from among obstetricians and pediatricians and nurses experienced in the care of the premature.

"Arrangements for these Institutes would be made through local medical societies and some interested individual in each society who could push the project. The people invited to these Institutes would include physicians, institutional nurses, public health nurses, hospital administrators, and possibly lay people. All proper publicity would be given through the state Medical Journal and through the channels of the Academy of General Practice. It was suggested that general practitioners might obtain credit for post graduate work by attending these Institutes. The question was not clarified and further investigation was to be made. (Dr. Cuttino sees no reason why the Medical College cannot endorse and recommend these Institutes if such is desirable.)

"It was thought that a pilot Institute should be held in Charleston and that the Committee should proceed as rapidly as possible with scheduling of the other Institutes, which might stretch over some considerable period of time. It was decided that the statistical sheets which appear in the Academy of Pediatrics manual be sent to each hospital of the state and returned to this Committee."

The Committee has been in the process of arranging the Institutes mentioned above. It is expected that expenses should not be great, and the same budget of

$200.00 as was made last year is requested by the Committee for current expenses.

Dr. Herbert M. Black	Dr. Hervey W. Mead
Dr. John C. Bonner	Dr. Keith F. Sanders
Dr. William A. Hart	Dr. Robert Lee Sanders
Dr. Ethel M. Madden	Dr. Joseph I. Waring, Chairman

MEDICAL ADVISORY BOARD TO THE CRIPPLED CHILDREN SOCIETY OF SOUTH CAROLINA

This Board has met on one occasion with the officials of the Crippled Children Society and the chairman has carried on an active correspondence and a series of conferences with the Executive Director. The vice-chairman and various other members have had frequent occasion to confer with the Society. During the year some effort was made to discourage the activities of a competing organization which, in the minds of the Committee, did not deserve the support which is due to the Crippled Children Society.

We believe this Board is of value in helping to direct the policies and activities of the Society and recommend that a similar Board be continued.

Dr. J. I. Waring, Chairman	Dr. George Dean Johnson
Dr. William Weston, Jr., Vice-Chairman	Dr. Joseph H. King
Dr. John Bell	Dr. Sam G. Lowe, Jr.
Dr. C. Guy Castles	Dr. E. Walter Masters
Dr. William R. DeLoach	Dr. Julian P. Price
Dr. James T. Green	Dr. John A. Siegling
Dr. Samuel H. Haddock	Dr. W. O. Whetsell
	Dr. Tom Gaines (ex-officio)

COMMITTEE ON GAMMA GLOBULIN DISTRIBUTION AND POLIO VACCINE

This Committee has conferred from time to time with the State Board of Health in regard to policies for distribution of gamma globulin. It was understood that its field was extended to include consideration of the use of the Salk vaccine for poliomyelitis, and the Committee has had this matter under consideration and discussion with Dr. McDaniel.

J. I. Waring, M.D., Chairman	Walter Hart, M.D.
Weston Cook, M.D.	Wyman King, M.D.
T. G. Goldsmith, M.D.	Ben Miller, M.D.

G. E. McDaniel, M.D. (ex-officio)

MEDIATION COMMITTEE

I am happy to report that the Mediation Committee has had a very quiet year. Only two or three complaints have been filed and these were all settled amicably at the local level. Nothing of any serious significance has arisen.

Roderick MacDonald, M. D., Chairman

COMMITTEE ON RURAL HEALTH

Our president, Dr. Gaines, asked me to fill the vacancy in the Committee on Rural Health caused by the death of our beloved and lamented friend, Dr. W. L. Pressly.

For many years Dr. Pressly served on this Committee and was particularly fitted for the chairmanship because of his deep love and concern for his fellowman, his extensive experience in rural practice and his broad vision of national medical affairs. With my limited attainments I cannot hope to fill his place, but shall attempt in some small way to carry on his good work.

The theme for this year, as announced from headquarters in Chicago, is "Preparation for Rural Practice." While we have not been briefed with an informative literature or by any speaker on the subject, we think we might indulge in some thinking and planning as it relates to our own state.

For the past decade or so, there has been a marked tendency for young doctors to select the larger towns and cities for their field of endeavor. The motive behind this is much higher than is often ascribed by publicist, economist, and politician. It is not entirely a matter of money. There wells up in the heart of every young man, whatever his profession or vocation, to accomplish the greatest good for the greatest number. The matter of locating in some remote rural area is gone forever. Nor is such necessary any more. With good telephone connections, improved highways, fast cars and the availability of hospital facilities, the picture has changed completely.

From all available statistics, South Carolina is below the national average ratio of doctors to population. With the easing of military needs and the good work of our medical college, we look for much improvement. The law of supply and distribution will go a long way in settling the question of adequate medical services for rural communities.

As we see it, there is need of education from both ends of the problem. That is from the standpoint of the doctor and the standpoint of the public.

Before a student has completed his training and has decided upon the line of work he expects to follow, he should be told of the advantages of general and rural practice. But above all he should know that practice in a town with a large surrounding country area is a good place in which to work and to live. It has been suggested by our National Committee to have a "Senior Day" in which all the information possible be given as to the needs, possibilities and advantages of rural practice. Some medical colleges are developing a system by which senior medical students are sent out to observe and get first hand information and some training in the fields of general and rural practice.

As you know, our state has a fund from which a deserving student may obtain $1000.00 per year for expense while studying medicine, with the proviso that he practice one year in a rural communtiy for each year he received this aid. A legal decision has been given that any town of less than 2500 population is

considered rural. An unsigned questionnaire from all who have participated in this fund would be most interesting and informative.

It occurs to us that any community desiring the location of a doctor furnish some officer of our state association with all pertinent facts as to population, financial resources, churches, schools and availability of hospital connections.

There have been many rather remote areas which, as an inducement for a doctor to locate, have furnished an office free of rent and a few have gone so far as to supply x-ray and laboratory facilities. Smaller communities have supplied space for weekly, biweekly, or tri-weekly visits of a nearby physician.

The rural public must be informed of the need of co-operation among themselves and with the profession in order to obtain the best medical service. Respect for working hours of the doctor, using office visits for minor conditions and hospital care for major cases will conserve the time and energy of a busy doctor and allow him to give good service to a much larger number. The time and the expense of travel must be recognized and compensated by willingness to pay the additional fee necessary.

We want every citizen of South Carolina to have adequate medical care and to enjoy good health and to that end we pledge the South Carolina Medical Association to do its share and more. We will at all times keep our fees on a reasonable basis and will give to the indigent and the unfortunate all possible assistance. We expect all classes of our people wherever they live to avail themselves of all prophylactic measure to reduce disease. We want all who possibly can to carry medical and hospital insurance against that unexpected misfortune.

With good mutual understanding and co-operation, the rural and urban population of South Carolina will always receive adequate medical service.

Respectfully submitted:
W. R. Wallace, M. D., Chairman
Committee on Rural Health

COMMITTEE ON INDIGENT CARE

Former Governor James F. Byrnes, at the request of the South Carolina Hospital Association, appointed the South Carolina Hospital Care Study Committee to study the problem of hospital care of indigent patients in South Carolina. That committee with Mr. G. A. Buchanan, Jr. as its chairman has recently issued a booklet giving a report of their findings and recommendations. A copy of their report has been sent to each member of the South Carolina Medical Association.

The Committee on Indigent Care recommends to the House of Delegates of the South Carolina Medical Association that the recommendations of the South Carolina Hospital Care Study Committee be followed and that the South Carolina General Assembly be requested to take appropriate steps to institute such a program for the care of the indigent of South Carolina. The recommendations are listed as follows:

1. The State of South Carolina should assume part of the responsibility for indigent hospitalization to insure that none of its citizens will be deprived of necessary hospital care because of inability to pay.

2. This assistance should be provided through the establishment of two programs; a Program for the Hospital Care of the Indigent, and a Program for the Hospital Care of the Medically indigent.

3. Both programs should be designed so as to accept the generous offer of the medical profession to continue to provide professional services to the indigent patients without cost while in the hospital.

4. Payment to hospitals under both programs should be on the basis of reimbursable cost with a ceiling established to protect the funds against high charges due to inefficient hospital operation.

5. Both programs should be designed and administered to provide hospital care for the citizens who are sick or injured and who can benefit from definitive treatment in a general hospital, but who are unable to meet the cost from their own resources or from the resources of those upon whom they are legally dependent. No attempt should be made to provide purely domiciliary or nursing care for those citizens with a chronic or permanently disabling illness or for the hospitalization of those citizens already cared for by special programs of the state.

6. The determination of medical need should be based upon an examination and written certification by a physician licensed to practice medicine in South Carolina. The determination of financial eligibility should be made by the County Welfare Department in the county in which the patient resides. Uniform state standards for eligibility should be provided by the State Department of Public Welfare.

7. The State Department of Public Welfare should be designated as the agency to administer both programs.

8. The programs should include an Advisory Committee made up of citizens representing the interest of the medical profession, hospitals and the general public. It should be the duty of the Advisory Committee to consult with the State Department of Public Welfare on the details of operation of the programs and to carry on a continued study of the programs so as to recommend necessary improvements.

9. a. The program for the Hospital Care of the Indigent requires an initial year state appropriation to the Department of Public Welfare of $740,000 which would enable matching by federal funds in the amount of $655,000 to provide a $1,395,000 "pooled" fund. Payments to all assistance recipients should be increased by $1.50 per month to enable the formation of this fund.

b. Ceilings established by policy in the Totally and Permanently Disabled category and by law in the Aid to Dependent Children category should be in-

reased to permit this additional payment.

c. Provisions should be made in establishing the fund to insure that its use will be restricted to hospital care only.

10. a. The recommended Program for the Hospital Care of the Medically Indigent requires an initial year state appropriation of $1,000,000. With a 50% state contribution and a 50% county contribution, the counties would also be required to provide $1,000,000.

b. The required participating share for each county would be determined by dividing the amount required by all counties ($1,000,000) by the population of the state (2,027,117 by 1950 Census) and multiplying by the population of the county.

c. Each county should be notified of the amount required for participation, signify its intention to participate, and appropriate the required funds.

d. The matching state and county contributions should be retained in a special fund in the State Treasury and be disbursed to hospitals upon the authorization of the State Department of Public Welfare.

e. If any county does not desire to participate, its participating amount of the state appropriation should be reallocated to the other participating counties.

11. The Department of Public Welfare should be responsible for establishing rules and regulations which will govern the operation of both programs.

12. The Department of Public Welfare may require participating hospitals to keep uniform accounts and may audit these accounts if it desires.

13. The programs should be administered in such a way as to provide hospitalization in any participating hospital that can render the most effective treatment without regard to the county in which the hospital is located.

14. The funds appropriated by the State for these programs should supplement funds now appropriated by counties and cities for indigent care. Present local appropriations can be used for matching of state funds to the extent of the county's participating amount.

Respectfully submitted,
Wm. S. Brockington, M. D.,
Chairman
Henry F. Hall, M. D.
Roderick MacDonald, M. D.
M. L. Meadors

INSURANCE COMMITTEE

Acting on proposals accepted by the House of Delegates at the Annual Meeting in 1954, the Insurance Committee has gone forward with plans for Group Life Insurance and Group Retirement Income. This will be presented at a later date to Council for its approval for the Association.

It would seem that the greatest benefit so far as the South Carolina Medical Association is concerned will be derived if and when the Congress of the United States passes the proposed Bill allowing a deferment of income tax on a certain percentage of income specifically set aside to buy annuities, until the annuities become available and then the tax being payable on the amount of annuity as it is paid. This, of course, creates quite a saving to the doctors since the income tax bracket when the annuity is paid presumably will be much lower than the doctor's income tax bracket at the present time.

We have set up a central representative for the purpose of taking care of the details of selling, collections of premiums, etc. The person chosen to do this for our State Association was Mr. Ransome Williams of Myrtle Beach and Columbia, South Carolina. Mr. Williams has contacted several large companies concerning our proposal, and as soon as the law is definitely passed will present several of the best proposals to the Committee, one of which will be chosen by Council as it appears to best represent the desires of our Association.

A plan of health and accident insurance, which would seem superior to any of these which we now have, is also being considered.

At our last Annual Meeting there was a great discussion concerning mal-practice insurance. It now appears that certain companies will offer this on a group basis with certain benefits as to premium rates over the individual policies. This is being looked into at the present time.

Should any of these three items materialize before the Annual Meeting, a supplemental report will be read at that time.

Richard W. Hanckel — Respectfully Submitted,
Joseph P. Cain, Jr., Chairman — Eugene D. Guyton

CANCER COMMISSION

The Cancer Commission continued to consult and suggest to the Cancer Division of the State Board of Health.

There is no duplication of cancer control activities between the Division of Cancer Control of the State Board of Health and the South Carolina Chapter of the American Cancer Society, and each agency is cooperating with the other to improve the Cancer Control Program. However, State appropriations to the State Board of Health for the hospitalization of indigent cancer patients must be increased if cancer clinic services are to be improved and expanded. Because of inadequate funds three state-aid cancer clinics had to be closed to new patients in April 1954, and the Cancer Commission had to reject a request from the physicians of Greenwood County to open a state-aid cancer clinic at Self Memorial Hospital on July 1, 1954.

The Cancer Commission believes it is imperative that a State appropriation of $350,000.00 for the hospitalization of indigent cancer patients referred to the State Aid Cancer Clinics by the physicians of South

Carolina be made. This is $75,000.00 more than is presently appropriated, and would be used to open new cancer clinics and to operate the present 10 state-aid cancer clinics for the full 12 months. Your co-operation in acquainting the State Legislature of this monetary need is solicited.

Eight hundred and eighty-two (882) males and 1053 females, or a total of 1935 persons died in South Carolina in 1953 as a result of cancer. Cancer of the digestive organs accounted for 593 deaths, 306 males and 287 females. In females the greatest number of deaths was the result of cancer of the genital organs. Three out of every 10 cancer deaths in females were from cancer of the cervix, uterus and other female genital organs.

During the calendar year of 1954, 1097 new cancer cases (438 males and 659 females, of which 652 were white and 445 negroes) received treatment in the State-Aid Cancer Clinics. An additional 2,212 old cancer clinic patients were examined periodically in order than any recurrence of the disease might receive prompt attention. These 3,309 persons with cancer made 12,111 visits to the clinics.

Since prompt treatment of the early case of cancer means cure in the majority of instances, we are always interested in determining the number of early cases of cancer treated in the clinics. Forty-seven percent (47%) or 495 of the cancer patients treated for the first time in the clinics had localized disease, in 1954. On casual observation this appeared to be a satisfactory number of early cases in medically indigent patients. However, upon a more critical analysis it was realized that 241 of the 495 early cancer cases represented cancer of the skin. When the 241 persons with early skin cancer were eliminated from the compilations the 495 early cases dwindled to 254 and the percentage of early cancer decreased from 47% to 30%.

Listed below are the ten most common types of cancer treated in males and females showing the total number of cases and the number of localized cases:

Males	*Total*	*Localized*
1. Skin	142	130
2. Other Sites	46	5
3. Respiratory System	49	14
4. Buccal Cavity and Pharynx	47	25
5. Prostate	45	11
6. Esophagus	21	4
7. Stomach	17	1
8. Lymphosarcoma	15	1
9. Urinary organs	12	7
10. Leukemia	12	0
Females	*Total*	*Localized*
1. Cervix	222	87
2. Skin	120	111
3. Breast	118	24
4. Buccal Cavity and Pharynx	32	18
5. Other sites	20	5
6. Esophagus	18	2
7. Fundus of uterus	17	11
8. Ovary	16	7
9. Urinary Organs	15	9
10. Rectum	14	4

EXECUTIVE COMMITEE OF THE STATE BOARD OF HEALTH

The Executive Committee of the State Board of Health suffered two extremely heavy losses in the past year.

On June 18th, Dr. Ben F. Wyman, while spending a few days at the beach, had a heart attack which ended many useful years in the interest of public health in South Carolina. The press and the many professional associations of which he was an honored member expressed freely their high esteem and regard for him. Our own records contain proper resolutions of love and esteem from those of us who knew him best.

On June 23, a call meeting of the Executive Committee was held and Dr. G. S. T. Peeples was elected State Health Officer to succeed Dr. Wyman. We think we were very fortunate to have in our organization a man of Dr. Peeples' ability and experience to take over this responsible position. During the nine months of service of Dr. Peeples we have heard nothing but praise for the fine way in which he has discharged his new responsibilities.

On the same date, Dr. C. L. Guyton was elected Assistant State Health Officer and will assume full responsibility in the absence of Dr. Peeples. Dr. Guyton, who has a long and successful career in public health, will assume the duties of Director of Local Health Services throughout the state.

On September 26, Dr. W. L. Pressly passed away after several months of declining health. Dr. Pressly, by his charming personality and professional ability, had won a warm place in the hearts of everyone who knew him. As "Family Doctor of the Year" in 1951, he was known and honored throughout the whole nation. He will live long in the hearts of his medical friends and his host of patients.

We call attention to the fact that the Executive Committee did not exercise its prerogative as provided by law to fill the vacancy in the Third District but will ask the House of Delegates to name a successor to serve the one year of the unexpired term of Dr. Pressly.

The greatest potential threat to the health of a large section of our state was brought about by the Hurricane Hazel. This was the most destructive storm in the history of South Carolina. We believe a severe outbreak of diseases which usually follow such a catastrophe was averted by the prompt and efficient attention given this area by our health officers. Wholesale vaccinations, chlorination of water, and the closure of front row water mains undoubtedly prevented the threat of an epidemic.

Large industrial plants continue to come into our

state. Nearly always they present a problem, particularly as to waste disposal. With the good work of our Water Pollution Board and our health officials we feel that the problems have been solved without detriment to any group of citizens.

In order to take up a matter which seems to me to be of great importance, I will not at this time go further into detail as to the accomplishments and plans of your Board of Health.

In 1878 when the Act was passed setting up the South Carolina Medical Association as the State Board of Health to operate through an executive committee, it was stated that the South Carolina Medical Association should recommend to the Governor seven of its members to serve seven years as the executive committee and that the Governor should appoint the nominees.

For a long time it has appeared to many of us that the Board should be staggered and that the term of office should be five years instead of seven. This recommendation was presented to the Council seven years ago but on account of other plans it was not presented to the House of Delegates.

Our reason for presenting this matter at this time and urging its consideration is that in 1956 the term of all members of the Executive Committee will expire and some of us expect to retire from the Board. If this plan is to go into effect next year, an amendment must be passed at the next session of Legislature. If the members from the nursing, dental and pharmaceutical professions will also arrange to conform to this plan, there can be two members elected each year without voting on two members from the medical association except in two years out of the five.

We have reason to believe that there is more harmony both with the medical association and with the state governmental agencies than ever before. At our first meeting this year the whole Board visited Governor Timmerman and received cordial greetings. Also when the budget was presented to the Ways and Means Committee, the Chairman and two other members of the Board accompanied Dr. Peeples. Several members of the Committee expressed approval of the presence and interest of members of our Board. So we say again that we believe there is a better feeling of understanding and cordial relationship than ever before.

In conclusion we wish to express words of commendation for the splendid services of the personnel in this year of changes and also to thank the members of the South Carolina Medical Association for their sympathetic co-operation.

Respectfully submitted:

Executive Committee, State Board of Health

W. R. Wallace, M. D., Chairman

WOMAN'S AUXILIARY
SOUTH CAROLINA MEDICAL ASSOCIATION

President: Mrs. A. T. Moore, Columbia, S. C. **Publicity Secretary: Mrs. N. D. Ellis, Florence, S. C.**

TENTATIVE PROGRAM
WOMAN'S AUXILIARY TO THE SOUTH CAROLINA MEDICAL ASSOCIATION
CONVENTION HEADQUARTERS:
FRANCIS MARION HOTEL

MONDAY, MAY 9th

REGISTRATION: Francis Marion Lobby

TUESDAY, MAY 10th

REGISTRATION:

Auxiliary Committee Meeting with Council of South Carolina Medical Association. (Time to be announced later)

Mrs. Austin T. Moore, President

Mrs. C. R. May, Jr., President-Elect

Mrs. B. J. Workman, Treasurer

3:00 P. M. Finance Committee Meeting
Mrs. T. A. Pitts, Chairman

4:00 P. M. Student Loan Fund Committee Meeting
Mrs. David A. Adcock, Chairman

5:00 P. M. Jane Todd Crawford Loan Fund Committee Meeting
Mrs. Alton Brown, Chairman

WEDNESDAY, MAY 11

9:30 A. M. Registration

11:00 A. M. Executive Board Meeting, Carolina Yacht Club

1:00 P. M. Executive Board Luncheon, Carolina Yacht Club

3:30 P. M. House Tour to be followed by a Tea.

That night the men have arranged a boat trip around the Harbor on the *Dixie Queen*. There will be supper and dancing.

THURSDAY, MAY 12th

9:30 A. M. House of Delegates, Meeting place announced later.
Mrs. Austin T. Moore, presiding.

11:00 A. M. Program Meeting
Meeting place announced later.
Mrs. Austin T. Moore, Presiding.
Invocation:
Address of Welcome:
Greetings: Dr. T. R. Gaines, President, S. C. Medical Association
Greetings: Dr. O. B. Mayer, President-Elect, S. C. Medical Association
Report of Delegate to 1954 Convention
Woman's Auxiliary to A.M.A., San Francisco—June 1954, Mrs. R. L. Sanders, Columbia
In Memoriam
Report of Convention Chairman, Mrs. Richie Belser

Guest Speaker: Mrs. George Turner, President, Woman's Auxiliary to the American Medical Association

1:30 P. M. Sherry Party for Ladies
Barnacle Room, Francis Marion Hotel

2:00 P. M. Auxiliary Membership Luncheon
Marine Room, Francis Marion Hotel
Guest Speaker: Mrs. Louis K. Hundley, President, Woman's Auxiliary to the Southern Medical Association

Post Convention Executive Board Meeting
(Time & Place to be announced)
Mrs. C. R. May, Presiding

Following Auxiliary Luncheon an auction sale will be conducted by Mr. Geo. C. Birlant.

THURSDAY EVENING

Banquet, Francis Marion Hotel, S. C. Medical Association, Host.

JANE TODD CRAWFORD MEMORIAL LOAN FUND FOR STUDENT NURSES

Your attention is called to the fact that the Woman's Auxiliary of the South Carolina Medical Association has a Nurses Loan Fund.

No doubt there are many student and graduate nurses who find it difficult or impossible to finance their training and it is our desire to help those people. At the present there are two girls using the loan.

In order that each Auxiliary member might be familiar with this project we are publishing the rules of the Jane Todd Crawford Memorial Loan Fund:

1. It is the aim of the Jane Todd Crawford Loan Fund for Student Nurses to assist as many girls as possible; therefore, no large loans will be granted. Loans will not exceed $300.00, payable at the rate of $100.00 per year.

2. Loans shall be awarded only to girls who have completed high school and who have been accepted by an accredited school of nursing.

3. Loans shall be awarded on the basis of scholarship, character and need.

4. Each girl borrowing from the Loan Fund shall give a note for the amount borrowed, such note being endorsed by men or women of sufficient financial responsibility to be satisfactory to the Chairman of the Loan Fund.

5. Money will be loaned without interest if repayment is begun on securing employment following graduation. One-third of the total amount to be paid annually without interest, with the option of paying the full amount. Interest at the rate of 5% will be charged on amount of unpaid loan at the end of three years.

6. The amount allotted to one girl for one year shall be $100.00 and paid in amounts to be decided upon by the committee.

7. After filing application, a personal interview by the County Jane Todd Crawford Chairman shall be required.

8. The application blank shall be filed and accompanied by three letters of recommendation as well as a personal letter sent to the Chairman of the Loan Fund.

May we suggest that anyone interested in obtaining a loan contact the Jane Todd Crawford Chairman of your Auxiliary or us for application blanks as soon as possible in order that the proper arrangements can be made to process the loan.

Nellie-Claire Brown, Chairman
Bessie Y. Thackston, Co-Chairman
Jean Brewer, Treasurer
Jane Todd Crawford Memorial
Loan Fund for Student Nurses

FUTURE NURSES CLUBS HOLD SECOND ANNUAL RALLY

"'Nursing, the Opportunity that Knocks Twice" was the theme of the second annual Future Nurses Clubs state-wide Rally held at Winthrop College, Feb. 11 and 12. This rally was the highlight of the observance of Nurse Recruitment Week, which Gov. George Bell Timmerman proclaimed Feb. 2-12. Gov. Timmerman in his endorsement of the week said, "The health of our people is one of our major responsibilities. Our progress on all fronts is dependent on bringing the benefits of medical science to more South Carolinians. The part played in the health program by the nurses is well established. There is no calling more important to which the young people of our state could aspire".

Any high school girl interested in nursing was invited to attend the conference at Winthrop. Friday night's program featured music by the York County School of Nursing chorus and a fashion show followed by an informal reception. Saturday morning President Henry R. Sims of Winthrop and Mrs. A. T. Moore, president of the Woman's Auxiliary to the South Carolina Medical Association, brought greetings to the group. "Basic Needs for Nursing Education" were discussed by Margaret Hess of Winthrop's Biology Dept., Miss Anne Barwick of Sumter, president of the South Carolina Student Nurses Association, and Miss Dorothy Wood of Filbert, student at the University of South Carolina's School of Nursing spoke on "Why I Chose Nursing as a Career".

Workshops were conducted and officers elected. The convention ended Saturday evening with a tour of the York County Hospital and a tea at the Nurses Home given by the York County Medical Auxiliary.

NEWS

Dr. Murray T. Jackson, Jr., has joined the radiological staff of the Conway Hospital.

A native of Greenville, Dr. Jackson has recently completed his residency in radiology at Duke University. He has done postgraduate work at the radioisotopes laboratory in Oak Ridge, Tenn.

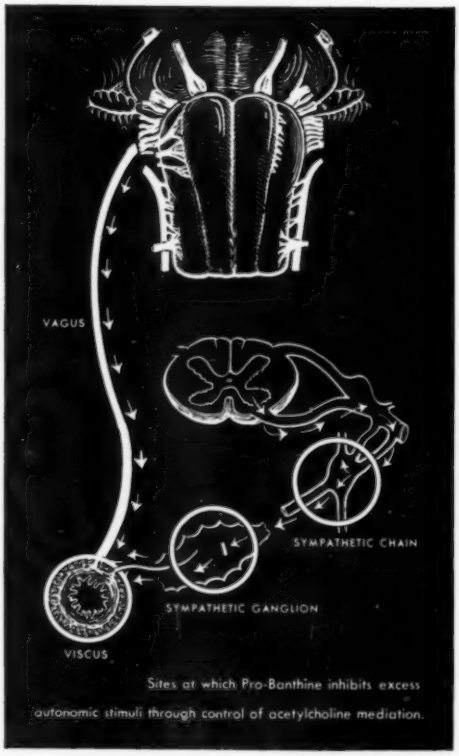
PRO-BANTHINE® FOR ANTICHOLINERGIC ACTION

A Combined Neuro-Effector and Ganglion Inhibitor

Pro-Banthine consistently controls gastrointestinal hypermotility and spasm and the attendant symptoms.

Pro-Banthine is an improved anticholinergic compound. Its unique pharmacologic properties are a decided advance in the control of the most common symptoms of smooth muscle spasm in all segments of the gastrointestinal tract.

By controlling excess motility of the gastrointestinal tract, Pro-Banthine has found wide use[1] in the treatment of peptic ulcer, functional diarrheas, regional enteritis and ulcerative colitis. It is also valuable in the treatment of pylorospasm and spasm of the sphincter of Oddi.



Sites at which Pro-Banthine inhibits excess autonomic stimuli through control of acetylcholine mediation.

Roback and Beal[2] found that Pro-Banthine orally was an "inhibitor of spontaneous and histamine-stimulated gastric secretion" which "resulted in marked and prolonged inhibition of the motility of the stomach, jejunum, and colon. . . ."

Therapy with Pro-Banthine is remarkably free from reactions associated with parasympathetic inhibition. Dryness of the mouth and blurred vision are much less common with Pro-Banthine than with other potent anticholinergic agents.

In Roback and Beal's[2] series "Side effects were almost entirely absent in single doses of 30 or 40 mg. . . ."

Pro-Banthine (β-diisopropylaminoethyl xanthene-9-carboxylate methobromide, brand of propantheline bromide) is available in three dosage forms: sugar-coated tablets of 15 mg.; sugar-coated tablets of 15 mg. of Pro-Banthine with 15 mg. of phenobarbital, for use when anxiety and tension are complicating factors; ampuls of 30 mg., for more rapid effects and in instances when oral medication is impractical or impossible.

For the average patient one tablet of Pro-Banthine (15 mg.) with each meal and two tablets (30 mg.) at bedtime will be adequate. G. D. Searle & Co., Research in the Service of Medicine.

---

1. Schwartz I. R.; Lehman, E.; Ostrove, R., and Seibel, J. M.: Gastroenterology *25*:416 (Nov.) 1953.
2. Roback, R. A., and Beal, J. M.: Gastroenterology *25*:24 (Sept.) 1953.

SEARLE

Mrs. Jackson is a pediatrician. They are living at Myrtle Beach until their new home in Conway is completed.

The Georgetown County Memorial Hospital has announced the addition of a full-time Radiologist to their staff on February 14, 1955.

Dr. Oscar Dixon Baxter comes to Georgetown from Charlotte, N. C. where he has been the senior partner in the Radiological group of Baxter, Hall, Lafferty and Copedge. He is a member of the Medical Staff of Presbyterian, Memorial and Mercy Hospitals in Charlotte, and the Marion Sims Hospital in Lancaster, S. C.

Dr. Baxter was born in New Bern, N. C., and is a graduate of Wake Forest College and Jefferson Medical School. He began his practice in Sumter, S. C. but has been located in Charlotte for the past twenty-two (22) years.

Dr. Baxter holds membership in several county and state associations. He is a member of the Radiological Society of North American, and is a Diplomate of the American Board of Radiology, and a Fellow in the American College of Radiology.

Each year the nation sets aside one week in which to become better acquainted with its hospitals. National Hospital Week in 1955 will be May 8-14. During this week the attention of the American public is focused on our hospitals, in which one out of every eight of us receives care each year. The theme of National Hospital Week in 1955 will be "Your Hospital . . . . A Tradition of Service."

A meeting of the South Carolina Society of Pathologists was held in Charleston on February 17, 1955 with the Department of Pathology of the Medical College acting as host. Visitors included Dr. Edward Cardwell, Columbia; Dr. Arthur Dreskin, Greenville; Dr. Joseph McMeans, Anderson; Dr. Hunter May, Greenwood; Dr. Charles Dale, Spartanburg, and Dr. James Greiner, Florence. At the Scientific session the following papers were presented:

Fat Embolism following Cholecystectomy by Dr. H. L. Schofield.

Gastric Diphtheria by Dr. M. F. Patton.

The L-E cell Phenomenon by Dr. Daniel Ellis.

The Carcinogenic Effects of Human Smegma by Dr. H. R. Pratt-Thomas.

Officers of the Society who were re-elected are:

President: Dr. H. R. Pratt-Thomas

Vice President: Dr. Edward Cardwell

Secretary-Treasurer: Dr. Arthur Dreskin

Executive Committee: Dr. Daniel Ellis

Everyone desiring to contribute to Play Ground in memory of Dr. R. M. Newsom, Ruby, S. C., please forward contributions to Lloyd M. Baker, P.T.A. president, Ruby, S. C.

At the January staff meeting of the South Carolina Baptist Hospital, a resolution was passed recommending that a portrait of Dr. David F. Adcock be placed in the lobby of the South Carolina Baptist Hospital. A committee was appointed to carry out this recommendation.

Contributions may be sent to the South Carolina Baptist Hospital, David F. Adcock Memorial Fund.

Mrs. J. B. Frazier, III, Chairman of the Presentation Committee, announced that the presentation of the portrait of Dr. Samuel Lindsay to the Fairfield County Memorial Hospital took place on Monday, February 28th.

Funds for the portrait of the late physician were generously contributed by his many friends in the community. The Winnsboro Woman's Club sponsored the fund raising project.

Dr. Hazel Baker King, who had discontinued her practice of medicine for the past seven years, reentered her general practice this month and is doing professional work in general medicine at her office in her home on East Main Street, Lake City.

Dr. I. R. Wilson, Jr., Charleston has been elected state vice-president of the Tri-State Medical Association. Dr. Furman Wallace and Dr. George Johnson, of Spartanburg have been elected to the editorial board.

On Friday, April 22, 1955, the Sixth Annual Nalle Clinic Foundation Lectures will be presented at the Veterans Recreation Center, Charlotte, North Carolina. At 5:00 P. M. on this date Dr. John M. Beal will deliver an address on the topic, "Nutritional Problems of Surgical Patients." Dr. Beal is Associate Professor of Clinical Surgery at Cornell University Medical College and Attending Surgeon of the New York Hospital.

At 8:00 P. M. on the same evening Dr. Joe Vincent Meigs will deliver the Sixth Brodie C. Nalle Lecture. Dr. Meigs' subject will be, "Endometriosis." Dr. Meigs is Clinical Professor of Gynecology at Harvard Medical School and Chief of Vincent Memorial Hospital (Gynecological Service of the Massachusetts General Hospital).

"Toxemia of Pregnancy" is an educational feature, with no commercial implication, available without charge to medical groups. In this film, Drs. Assali, Garber and Bryant of the University of Cincinnati School of Medicine describe by animated illustrations and with clinical examples, the progressive character of the disease. The authors present in detail the practical therapy which they employ, using a new standardized extract of Veratrum viride.

The dramatic results and complete recovery of the patient are shown for the first time. Technique of continuous injection is fully illustrated with special emphasis on collateral therapeutic control of the con-

vulsive patient.

Showing time: 29½ minutes (any type projector capable of showing 16 mm. sound film can be used.)

The film may be obtained from
Medical Film Librarian
Irwin, Neisler & Company
410 North Morgan Street
Decatur, Illinois

DEATHS

DR. ROBERT M. NEWSOM

Dr. Robert M. Newsom died February 4th after several weeks of declining health.

He was born on September 23, 1890, at Hartsville in Darlington County.

He attended the public schools and entered the South Carolina Medical College in 1907, from which he was graduated in May, 1911. He did post graduate work at John Hopkins University in Baltimore, Md., and attended the Mayo Clinic and the Polyclinic at Highlands Hospital in New York City.

He began the practice of medicine in this Chesterfield County town in July, 1911, and since that time has continuously practiced medicine in Chesterfield County. Early in his practice, Doctor Newsom became affiliated with the Chesterfield County Medical Assso-ciation, the Pee Dee Medical Association, the State Medical Association and the American Medical Association.

He was very prominent in governmental, religious, fraternal, and educational matters and was always active in the support of any progressive movement for the betterment of the people of Chesterfield County.

DR. F. K. SHEALY

Dr. F. K. Shealy, 69, well known physician of Clinton, died at his home after several months illness, February 12th.

He was a native of Lexington County. He received his education in the public schools of Lexington County and was a graduate of Lenior-Rhyne College of North Carolina. He received his medical education at the Medical College at Charleston. As a young physician, he practiced in Newberry. He then moved to Joanna and later to Clinton, where he practiced for a number of years. He did post graduate work in 1922 in New York Hospital. He was a past president of the Laurens County Medical Association.

DR. OSCAR EUGENE DEVLIN

Dr. Oscar Eugene Devlin, 75, beloved physician of Duncan, died February 22nd following a long period of declining health.

Dr. Duncan was a native of Greenwood County.

He received his education at Erskine College, Clemson College, the University of Georgia Medical College in Augusta, Ga. He had practiced his profession for 51 years in Greenwood, Greenville and

HOYER *Hydraulic*
LIFTER
by all standards the finest
Patient Lifter ever developed

There's little physical effort, there's no fear, when you move the patient with a

HOYER HYDRAULIC LIFTER

It is simple in design and operation, and has been used successfully on handicaps of all kinds .... A few easy strokes lifts the patient .... When the attendant turns the release valve knob, the patient sinks down gently on the bed. The Lifter is able to lower the patient to the floor or to raise him to a toilet, bathtub, chair, hammock or car. The adjustable width base allows patients to be taken through narrow doors, or to be made wider to allow the use with wide wheel chairs.

HAS MANY USES ● DOES ALL THE WORK
COMPACT AND PORTABLE

HOYER LIFTER WITH STANDARD U-BASE,
5" CASTERS, WIDE & NARROW SLINGS $165.00

HIA Winchester CAROLINAS HOUSE OF SERVICE

Winchester Surgical Supply Co. 119 East 7th St. Tel 2-4109 Charlotte N.C
Winchester-Ritch Surgical Co 421 W Smith St Tel 5656 Greensboro N.C

Spartanburg Counties, and had lived in Duncan for the past 31 years.

DR. HENRY WILLIAM de SAUSSURE

Dr. Henry William de Saussure, one of Charleston's leading obstetricians, died unexpectedly March 11.

Dr. de Saussure had suffered a heart attack last October but had recovered and was actively practicing until he suffered another attack. He was born in Charleston, March 19, 1875.

He was a member of St. Michael's Protestant Episcopal Church. He attended The Citadel and was graduated from the Medical College of South Carolina in 1897.

Dr. de Saussure was a member of the Society of the Cincinnati; the St. Cecilia Society; Union Kilwinning Lodge, Ancient Free Masons; the Medical Society of South Carolina; the Society of Colonial Wars, and the South Atlantic Assn., of Obstetricians and Gynecologists. He was a fellow of the American College of Surgeons.

THE SOUTH CAROLINA ACADEMY OF GENERAL PRACTICE

On February 24th the American Academy of General Practice launched the largest post-graduate closed circuit television symposium ever staged. Sponsored by Wyeth Laboratories the program was carried by CBS Television to 58 cities in 34 states and Canada for the 15,000 members of the American Academy and their guests.

The title of the symposium 'Management of Streptococcal Infection and It's Complications' pinpoints the program. Dr. Wm. D. Hildebrand, president of the Academy, presided. The following is a list of the speakers and their topics:

Lowell Rantz, M. D., Associate Professor of Medicine, Stanford University.
"Epidemiology of Streptococcal Infection".
John Keith, M. D., Cardiac Clinic and Service Hospital for Sick Children, Toronto.
"Complications of Streptococcal Infection".
Burtis B. Breese, M. D., Assistant Professor of Pediatrics, University of Rochester, N. Y.
"Diagnosis and Treatment of Streptococcal Infection".
Gene H. Stollerman, M. D., Medical Director, Irvington House, Irvington, N. Y.
"Prevention of Rheumatic Infection".
C. H. Rammelkamp, Jr., M. D., Director, Streptococcal Disease Laboratory, Cheyenne, Wyoming.
"Summary".

Dr. Keith Hammond, member of the American Academy of General Practice, for the latter part of the program propounded questions to the panel to channel the ideas and thoughts expressed for use by the general practitioner in his practice.

Approximately 200 South Carolina physicians went to Columbia to have this opportunity to hear a most timely and ably presented symposium. A social gathering and supper after the meeting completed a most pleasant and profitable day.

Be Sure to Join the 'Coronary Club'
(It's A Sure Cure for Everything)

1. Your practice always comes first; personal considerations are secondary.
2. Go to the office evenings, Saturdays, Sundays, and holidays.
3. Take journals and office work home on the evenings when you do not go to the office. This provides an opportunity to go over all the troubles and worries of the day.
4. Never say NO to a request—always say YES.
5. Accept all invitations to meetings, banquets, committees, etc.
6. Do not eat a restful, relaxing meal—always plan a conference for the meal hour.
7. It's a poor policy to take any vacation time.
8. Fishing, hunting, golf, bowling, pool, billiards, cards, gardening, etc., are a waste of time.
9. Never delegate responsibility to others or let anyone take calls for you—carry the entire load at all times.
10. Always tell the patients if they can't reach you at the office to call you at home.
11. When you have to travel—work all day and drive all night to make your appointments for the next morning.

—California Western Medicine

WHAT IS A PATIENT

A patient is the most important person we see in the office or talk to on the telephone.

A patient is not a resented interruption of our work; he is the reason for it.

The patient is doing us a favor by taking us into his confidence, not vice versa.

A patient is not a stranger to our profession; he is part of it.

A patient is not a case number or a case report; he is a normal human being disturbed by illness, torn by emotion and the results of fears and feelings.

A patient is not a witness on the stand with whom you cross words or match wits; he is someone who has brought his problems to you, hoping to find in you a friend.

A patient is not a pocketbook but a person in need of service. This service we must provide; for if we do not, the reason for our existence is gone.

G P October 1954

SOUTH CAROLINIANA

EXPERIENCES WITH THE MANAGEMENT OF SEVERE BLEEDING FROM PEPTIC ULCER. Henry W. Mayo, Jr., M. D. and Jennings K. Owens, M. D. (Surgery 36:412-430, September, 1954)

The authors present a mode of combined medical and surgical therapy for patients with bleeding ulcer, which includes initial conservative therapy with a Sippy regimen, anti-acids, and anti-spasmodics, accompanied by adequate blood replacement, closely following the patient with frequent observations of the condition of the skin, pulse, and blood pressure, and periodic determinations of the volume of packed cells. Certain cases, particularly those with large gastric ulcers with severe hemorrhage, and those which show a poor initial response to transfusions or recurrence of bleeding after the institution of medical therapy, will require emergency gastric resection to control the hemorrhage. Methods for selection of these cases are discussed, emphasizing the fact that if the cases which require emergency operation are correctly selected, there should be no mortality with conservative treatment. The results in 99 cases of bleeding managed by this method are presented. Forty-seven of these cases were classified as having severe hemorrhage. There was only one death in all of the patients treated conservatively, and four deaths in 23 patients treated by emergency operation.

ERYTHROMYCIN THERAPY OF ACNE VULGARIS. J. van de Erve, Jr. (J. Invest. Dermat. Aug. 1954)

Trial of erythromycin in sixty cases of acne vulgaris of various types resulted in excellent control of the pustular element in nearly all cases. This improvement was temporary in nature with recurrence following in the majority of instances within a month after treatment. There was little or no effect on the sebaceous secretion itself, either in the formation of oil on the skin or as comedones. There were no bad side effects, only one patient was intolerant to the extent of diarrhea, and there was no monilial overgrowth.

This drug is safe and very valuable for control of the pustular phase of acne which is responsible for scarring. Basic treatment of diet and local care of the acne should not be neglected and the antibiotic used only for the pyogenic complications.

CHLORAMPHENICOL-BORIC ACID POWDER IN THE TREATMENT OF OTITIC INFECTIONS. Hearn, P. P. (Ann. Otol, Rhin. J. Laryng, 63-310-323 June 1954)

In past years, there has been emphasis on the role of various fungi in otitis externa. However, the etiological agent of otitic infections is most frequently a bacterial infection of either gram-positive or gram-negative organisms or a mixed infection of both gram-positive and gram-negative bacteria.

In a clinical study of otitic infections, a powder-mixture was used of four parts of boric acid U.S.P. and one part of chloramphenicol. This study consisted of 53 patients with 78 ears affected by diffuse otitis externa, 12 patients with 13 ears affected by chronic suppurative otitis media, and 4 patients with old, infected radical mastoidectomy cavities. Diffuse otitis externa occurred in 19 acute and 59 chronic cases.

In 89 of 95 infected ears (representing 69 patients) the ears became dry. Improvement was noted in three ears. No change or a failure was noted in three ears. This supports previous reports to the effect that otitis externa is a bacterial disease. In using this powder-mixture basic principles of treatment of otitic infections were followed. Chloramphenicol-boric acid powder mixture (1:4): 1) Has a desirable acidity (pH 4.0); 2) Is a potent broad-spectrum antibiotic; 3) Is free from undesirable side effects; 4) Is a useful addition to therapy if otitic infections.

PNEUMOCONIOSIS FROM EXPOSURE TO KAOLIN DUST: KAOLINOSIS. Kenneth M. Lynch and Forde A. McIver. (Am. J. Path. 30: 1117-1127, Nov.-Dec. 1954)

This report is apparently the first published record of the disease state of the lungs resulting from the inhalation of kaolin dust in industry. The report consists of a description of the lungs of two subjects of the disease, together with chest x-ray studies and brief occupational histories. Illustrations are used to show the gross nodular and disseminated fibrosis of the lungs, characteristic roentgenograms and photomicrographs of the lung sections. The conclusion is offered that sufficient exposure to inhalation of dust of at least some kaolin deposits will cause a chronic fibrous disease of the lungs that may be disabling and even prove to be fatal. The term kaolinosis is therefore established as signifying a definite disease state, beyond merely the location of kaolin in the lungs.

NERVE BLOCKS FOR RELIEF OF PAIN IN ADVANCED CANCER. Brown, John M., Owens, Jennings K., and Kredel, Frederick E. Tri-State Med. Journ. 2:14-15 (Dec.) 1954.

Patients with far advanced, inoperable cancer frequently require such large dosages of analgesic drugs for the relief of intractable pain that these drugs actually contribute to the patient's early demise. Various nerve blocking procedures are easily performed, wherein the autonomic or somatic pain fibers to the affected area of the body are permanently destroyed. A specially prepared (anhydrous), absolute alcohol produces immediate degeneration of the nerve upon contact. Specific peripheral sensory nerve blocks,

autonomic nerve blocks, and subarachnoid sensory nerve blocks are often combined to eradicate the pain. Neuro-surgical procedures are employed as a "court of last resort".

"CONSERVATIVE TREATMENT OF DEAFNESS" (Clin. Med. 61:843-848, Nov. 1954) by George R. Laub, M. D. F. I. C. S.

There appears to be a difference in absorption and utilization of vitamin A in aqueous and oily forms; preparations of each were used in this study. Lewis and Cohlan demonstrated that aqueous vitamin A given orally was more rapidly and more completely absorbed and utilized than the usual oily forms of vitamin A, producing up to 300% higher blood levels. Liver storage of aqueous vitamin A was twice that of the oily A, and loss of the vitamin through fecal excretion was considerably lower with the aqueous preparation.

Lack of vitamin B_1 and different factors of B_2 complex produces a higher incidence of middle ear infections, no significant changes in the otic capsule or ossicular chain. Some degenerative changes are found, especially a demyelinization of the cochlear nerve.

A summary of the cases classified according to type of deafness is given. Otosclerosis was excluded from any of these treatments since it is believed these cases are best treated by surgery.

The results demonstrate that each of the drugs employed: Aquasol A, Amvitol, Anatola and Jacobson's solution, caused some improvement in most cases. However, no explanation can be offered why much better results were achieved in some patients than in others.

In combined deafness the average gain was about 9 per cent. In conduction deafness the average gain was about 12 per cent. In perception deafness the average gain was about 10.3 per cent. The average gain with Amvitol amounted to 9.2%; Anatola 10.0%; Aquasol A 10.6% and Jacobson's Solution 12.1%. Another point should be stressed—that the percentages were arrived at by using only the figures at a sound of 500, 1000, 2000 and 4000 cycles. In a number of cases the results would look far better if the higher and lower tones would also be considered in the final analysis. Although these higher and lower tone figures are considered unimportant in the understanding of speech, I believe that in hearing the overtones and resonances the actual hearing is helped.

The author is convinced that this treatment is to be considered as a valuable contribution to the well-being of the hard-of-hearing.

today's health

AMERICA'S AUTHENTIC HEALTH MAGAZINE

SPECIAL HALF-PRICE RATES FOR PHYSICIANS, MEDICAL STUDENTS, INTERNS

a good buy in public relations

. . . place today's health in your reception room

Give your order to a member of your local Medical Auxiliary or mail it to the Chicago office.

TODAY'S HEALTH
PUBLISHED MONTHLY BY THE AMERICAN MEDICAL ASSOCIATION
535 NORTH DEARBORN • CHICAGO 10

Please enter ☐, or renew ☐, my subscription for the period checked below:

NAME_____

STREET_____

CITY_____ ZONE___ STATE_____

CREDIT WOMAN'S AUXILIARY OF _____ COUNTY

☐ 4 YEARS ... ~~$5.00~~ $4.00 ☐ 2 YEARS ... ~~$3.00~~ $2.50
☐ 3 YEARS ... ~~$4.50~~ $3.25 ☐ 1 YEAR .... ~~$2.00~~ $1.50